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COUNSELING PSYCHOLOGY, CLERGY ATTITUDES AND ROLE

by

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "Counseling Psychology: Clergy Attitude and Role" submitted by Paul Constance Ebenezer Eriksson in partial fulfilment of the requirements for the degree of Master of Education.

ABSTRACT

Counseling psychology and clergy attitudes and role perception is the subject of this study. The attitude of the clergy to the use of the services of a consulting psychologist in the church was explored. Use by clergy of psychological counseling methodologies and attitudes relating to their role as counselors were also explored.

A questionnaire was prepared and administered by taking a sample of Lutheran clergy by mail. It was also given to another group of Lutheran clergy gathered in conference. There were 172 usable responses received in time to be included in this study. Information concerning 18 variables was obtained from the respondents.

A correlation matrix of Pearson r's for all 18 variables was generated. Comparison of groups representing the upper 27% and lower 27% of some variables yielded significant evidence of differences between the two groups. Some groups were compared by the Scheffe multiple comparison of means test.

An examination of the information yielded, led to the following conclusions. Lutheran clergy in Canada do favor having the services of a consulting psychologist available to work with pastors and congregations. Older clergy do use or favor the psychoanalytic model of psychotherapy more than younger clergy. There appears to be some relationship

between the personality construct (Hostile-Tolerant) and attitude to self as counselor and attitude to counselee. Respondents who were affiliated with one church differed significantly, with respect to attitude to counselee, from those who were affiliated with the other two churches studied.

Hypotheses predicting a relationship between church affiliation and attitude to church and community and attitude to self as counselor were not confirmed. An hypothesis predicting that clergy serving as administrators would differ from clergy serving as parish pastors with respect to the personality construct was not confirmed. An hypothesis predicting a relationship between scores on the Hostile-Tolerant scale and attitude to church and community was not confirmed.

Dedication

To my wife, Gay,

who has supported me with love and encouragement.

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Chapter 1

Introduction

A survey of recent counseling psychology literature reveals three main streams of psychological theory: (1) psychoanalytic (Alexander, 1948; Ferenczi, 1930; Halpern and Lesser, 1960; Schafer, 1959; Erikson, 1963) (2) behavioristic (Bandura, 1965; Krasner, 1962; Eysenck, 1960; Wolpe, 1965) and (3) client-centered (Dymond, 1949; Jourard, 1959; Rogers, 1957, 1959; Snyder, 1961; Truax, 1963). All three dominant streams have resulted in corresponding counseling theories and practices. That is not to say that other divergent ideas do not exist. Eclecticism, (Fox and Goldin, 1963; Strunk, 1957; Strupp, 1960; Brammer, 1969) has resulted from practicing counselors forging their own comprehensive views of behavior change.

Of interest in the present study is the fact that several investigations (e.g., Burck, 1969 ; George and Dustin, 1970; and Bennett, 1970) indicate that these various theories and methodologies are used by clergy in counseling.

This present study, is focused upon the role of the clergyman therapist or pastoral counselor.

Several studies (Mickelson and Stevis, 1971; Ellis, 1959; Thorne, 1950; Whitaker and Malone, 1953; Truax and Carkhuff, 1963) indicate that recent research and theoretic emphasis has been focused upon the behavior and function of

the therapist in the therapeutic encounter. In a study of a wide variety of psychoanalytic, client-centered and eclectic approaches, Truax and Carkhuff (1963) have identified three elements of the psychotherapeutic process which appear to cut across the theories of psychotherapy and become common elements. These are,

> (1) the therapist's ability to sensitively and accurately understand the client's "being" and to respond in a manner which communicates this deep understanding; (2) the therapist's non-possessive warmth and acceptance of the client; (3) the therapist's integration, maturity or genuineness within the therapeutic encounter (Truax and Carkhuff, 1963, p. 3).

Therapist genuineness and self congruence is the element which Truax and Carkhuff (1963) considered most basically significant of the three common facilitative elements mentioned above.

Other research indicates that persons who become counselors tend to have distinctive personality constructs and attitudes. Jackson and Thompson (1971) studied trained counselors for differences in cognitive flexibility, tolerance and ambiguity, and attitudes to self, most people, most clients and counseling. All of the counselors were found to be similar in cognitive flexibility and tolerance of ambiguity, but the most effective counselors were found to be more positive in their counselor-related attitudes than the least effective counselors.

In this present investigation, one personality construct, namely, Hostility-Tolerance will be examined (Taylor and Johnson, 1967). Specifically, scores on the

Hostile-Tolerant Scale will be compared with clergy attitudes toward: church and community; themselves as counselors; and the counselee. Further correlations will be examined. For example, the relationship of the hostility-tolerance score to years of training and work role will be explored, that is, an effort will be extended to determine indications of antecedent or causative relationships between these factors and the attitudes of the clergy towards counseling.

Role psychology literature (Sarbin, 1954; Bentley, 1968; Haettenschwiller, 1970; Kahn, Wolfe, Quinn, Snoek and Rosenthal, 1964) suggest that the term "role" is used to represent the behavior expected of the occupant of a given position, or status. "Role enactment" is the behavior of the person who occupies a role. Among the variations that have been demonstrated (Bentley, 1968) to be antecedent to effectiveness or propriety of role enactment are: (1) validity of role expectations held by the actor, (2) accuracy of the actor in locating the other(s) (and reciprocally the self) in the proper role system, (3) sensitivity to situationally generated role demands, (4) available general and specific skills, (5) congruence of self and role, and (6) reinforcement properties of the audience.

The study of the relevant and counseling role literature indicates that assumption of the counseling role by a clergyman may be a function of several variables. Such influences as the clergyman's perception of himself as counselor (Wheeler and Carnes, 1968) may decide if he will

counsel or make referral. His perception of the role of the church in the community as well as his perception of the counselee (Kahn, Wolf, Quinn, Snoek and Rosenthal, 1964; Arbuckle, 1969; Thompson and Zimmerman, 1969; Lowe, 1968; Hart and Prince, 1970; Gross, 1968; Leff and Lamb, 1969) will influence his decision. His ability to determine the needs of the presenting patient (Barrett-Lennard, 1962; Greenberg, Bradley, Kagan and Bowes, 1969), is related to the effectiveness of his training.

The degree to which his personality fits the counseling role (McClain, 1968; Jackson and Thompson, 1971; Passons and Olsen, 1969) and the reinforcement which he receives from the counselee, his supervisors and the church and community (van der Veen, 1967; Johnson and Frederickson, 1968) are all variables which affect the assumption of the counseling role by a clergyman.

Wagner and Dobbins (1967) studied people who sought pastoral counseling. By means of the MMPI they discovered that people who came for counseling to their pastor did indeed have serious psychological problems. Wayne and Dobbins questioned the adequacy of ministerial training as preparation for dealing with the kinds of problems people bring to pastors.

Training of counselors is the subject of much research reported in the literature. Carkhuff and Truax (1965) suggested an approach to training in counseling and psychotherapy which would integrate the didactic-intellectual approach, which

emphasizes the shaping of therapist behavior, with the experiential approach, which focuses upon therapist development and growth. They present evidence which, they suggest, shows that counselor trainees can be brought to function at levels of effective therapy quite commensurate with those of more experienced therapists in less than one hundred hours of training. Other articles (Carkhuff, 1968, 1969; Arbuckle, 1968; Verinis, 1970; Toban, 1970; Shapiro, 1968) support this concept. However, Rioch (1966) suggests that professionals with long traditional training should identify themselves with the advancement of their own specific knowledge and leave more of the practice of counseling crafts to new categories of workers. Thus, by no means does unanimous agreement exist in the relevant literature as to the feasibility, need or effectiveness of trained clergy in counseling practices.

"Attitude connotes a neuropsychic state of readiness for mental and physical activity" (Allport, 1935). If the attitudes of clergy toward counseling are determined it may be possible to predict the counseling activity in which they will engage. Much research in attitude psychology and the measurement of attitudes is reported in the literature (Sherif and Sherif, eds., 1967; Rokeach, 1968; Okonkwo, 1966; Breer and Locke, 1965; Lehman and Dressel, 1963; Green, 1971; Brimacombe, 1957; Fishbein, ed., 1967; Summers, 1970; Cattell, 1957).

Several definitions of attitude are given Cattel (1957) states:

> . . . the attitude can now be more precisely defined by the following paradigm:
>
> In these circumstances (stimulus situation) I (organism) Want so much (interest-need, of a certain intensity)
>
> to do this (specific goal, course of action). with that (object concerned in action).
>
> Thus, for a given individual in a given situation, the definition of an attitude requires data covering (a) the nature of the course of action, (b) the intensity of the interest in the course of action, and (c) the object involved in the action (Cattell, 1955, p. 444).

The questionnaire used in this study may be considered an attempt to discover the "role action pattern" of the respondents. That is, to discover the pattern of special responses that distinguish a person in a particular role. In this instance, to discover the attitude(s) of the clergyman to himself as a counselor; to the church and community; to the potential counselee; to counseling methodologies; to consulting psychologists and the prevailing attitude toward making referrals to other professional counselors.

Clergy of three Lutheran Church bodies in Canada will be surveyed. An attempt will be made to discover significant relationships between demographic and personality variables and the attitudes which are expected to affect the assumption of the counseling role by clergymen. An attempt will be made to answer the question, "Is the attitude of a clergyman toward the counseling role affected by his age, his seminary, his church affiliation, or his personality?"

Chapter 2

Related Literature

Counseling Psychology

As alluded to earlier, discussion of counseling psychology in the literature indicates that there are three main streams of counseling psychology, psychoanalytic, behavioristic, and client-centered. One of the facets of the present study is to determine the counseling methodologies which are used or favored by the clergy. A brief overview of the three main streams of counseling psychology is offered, hereafter. In addition, consideration of more eclectic approaches is offered.

Psychoanalytic Theory

Psychoanalytic practitioners are generally medical doctors and purportedly tend to use the medical model in their practice of counseling. "It is very difficult to become a psychoanalyst without a medical degree despite Freud's strong advocacy of lay analysis" (Hall and Lindsey, 1970).

In simple terms, those who use the psychoanalytic model view the client as a patient who is sick and in need of treatment. Treatment involves a therapeutic relationship between the therapist and his patient. Medication and hospitalization are used as indicated. Life history and past experiences are considered to play a significant role in the conditions which contribute to ill health. The goal is to

restore the client to good mental health.

Behavioristic Theory

Behavioristic psychology (Bandura, 1965; Krasner, 1962; Eysenck, 1960; Wolpe, 1965) has resulted in a behavioral model of therapy. Those who use this methodology view the client as having learned some behavior responses which are not helpful to him. Therapy is essentially a "re-learning" experience. The client is to learn new ways of responding. He is to learn how to replace harmful responses with helpful responses. The therapist sees himself as a teacher. The goal is to educate the client toward more adaptive response patterns to life.

There is much discussion of behavioral therapy found in recent literature. George and Dustin (1970) and Dayringer (1969) reported use of behavioral therapy by clergymen and found that by working with specific behaviors the client was better able to understand where he was going in the counseling process, as well as the specifics of getting there.

Krasner, (in Neuringer and Michael, 1970) suggested that three general types of behavioral psychotherapeutic processes, related to client needs, will evolve.

> . . . first, those in which people will pay for friendship, companionship, love, affection, and general attention to their affairs. The second type will be behavior modification in which the individuals will seek specific ways of changing their behavior which is disturbing to themselves and others. . . The third type of procedure will explicitly involve social engineering, the changing of social institutions to affect groups of individuals (Krasner, 1970, p. 92).

Krasner advocated the use of behavior modification in the training of clinical psychologists. He referred to "procedures involving change in human behavior . . . as behavior modification," rather than as psychotherapy. In the following quotation from Krasner some of the controversy surrounding counseling psychology is clarified.

> . . . psychotherapy means treatment of the mind or soul. There is the often reiterated, albeit battered, contention that psychotherapy involves a doctor-patient relationship within a medical model of psychopathology (Szasz, 1961). On the other hand, a term such as behavior modification expresses directly what is involved in this situation, the changing of human behavior without having to carry the burden of years of controversy and confusion as to goals and procedures.
>
> The training of the therapist in behavioral techniques involves interpreting the helping situation in a far different way. The role conceptualization of the behavior modifier is different from that of the traditional psychotherapist. The behavior modifer views himself as a scientist and as a technician; he acknowledges his responsibility for the modification of another human being's behavior. He is an educator, a teacher, not a physician who heals disease.
>
> The influence of the behavioral approach has supplied experimental evidence that argues strongly against the notion of deviant behavior being conceptualized as a mental illness or disease (Ullman and Krasner, 1969). Psychosis and neuroses are not unique behaviors discrete from normal, but rather they are extensions and aspects of normal behavior, understandable in terms of conditioning, social learning, and modeling. This is not to say that some deviant behavior may not result from a legitimate disease process. For example, the physiological changes brought about by a narcotic such as heroin places such physiological demands upon the organism that certain types of behavior logically follow; whereas, for example in most neuroses, the individual is reacting to environmental stimuli. The behavior modifier, influenced by learning theory sees the locus of behavior control as external; the traditional therapist, influenced by disease models, views the locus of control as internal (Krasner, 1970, p. 93).

Neuringer (1970) discussed behavior modification from the viewpoint of the clinical psychologist.

> The efficacy of the Behavior Modification approach lies in the pragmatic and concrete approach to behavior. The history of clinical psychology's therapeutic endeavors is strewn with highly abstract theories and concepts. Psychologists have been trained to think in terms of "gaining insight," "strengthening the ego," "liberating the libido," "interpreting the defenses," "building stress tolerance," "accepting the self as is." Because these concepts appear reasonable and are enmeshed in highly logical theories, they have taken on an aura of face validity. Their logic has been seductive, and through constant verbal repitition among psychologists they have taken on "truth" status. The mutually agreeing verbal reinforcement given by one psychologist to another psychologist, when discussing these concepts, must be very powerful since the paucity of experimental confirmation does very little to extinguish the behavior (Neuringer, 1970, p. 2).

Neuringer went on to show that these theories are not very helpful in the teaching of psychotherapy and suggested that clinical psychologists would do well to examine the behavior-modification movement. He pointed out some of the problems resulting from the alienation of the advocates of differing theories. Klein, Ditman, and McGill (1969) presented impressions based on five days observation of the clinical activities of Joseph Wolpe and Arnold Lazarus at the Eastern Pennsylvania Psychiatric Institute. They found that behavior therapists now treat a wide range of patients and use a greater variety of treatment methods than before. Treatment is becoming longer and more complicated with concommitant lowering of success rates. There are points where behavior therapy is not so simple and straightforward as the popular stereotype of it: clinical inference is essential in diagnosis, hierarchy selection, patient management and ongoing evaluation.

Client-Centered Theory

Carl Rogers (1958) identified certain qualities which he considered to be common to successful persons in helping professions. When the helper is aware of his own feelings and reactions and is willing to be them in his interpersonal transactions so that he can communicate them, if it is appropriate, then he is said to be "congruent." When he can understand the private worlds of the people whom he seeks to help, and is able to communicate some of that understanding to them, the helper is said to have "empathy." The successful helper will also experience "a warm positive accepting attitude" toward people involved in a helping relationship. As Rogers said, "He has a positive regard for them and he feels such positive regard unconditionally."

Those who, following Rogers, use the client-centered model of therapy view the client as a person who has become aware of tensions within himself and is seeking help. The client is considered to be potentially capable of dealing with his own problems. Therapy consists of providing a secure counseling climate which enables the client to express himself and his feelings. The goal is to develop a new trust in himself and a willingness to relate and cope with life in the here and now.

Eclectic Approaches

The emerging eclectic, according to Brammer (1969) is a skilled observer in the scientific behavioral tradition. He knows the history of counseling theory and contemporary

views and, moreover, he is aware of his unique style and the counseling setting. From these he forges his own comprehensive view of behavioral change.

The focus of recent literature seems to have been upon the importance of the therapist using his particular skills in applying those techniques which will successfully assist the client to achieve his goal. In fact, Arbuckle (1967) concluded from his research that "what appears to be the significant differences in kinds of counseling, are, rather, differences in counselor." Some (Anderson, 1970; Lapsley, 1970; Christensen, 1966; Burck, 1969) continue to find significant differences in kinds of counseling which result from different theoretical positions.

Truax (1965) invited a constructive encounter between behavior therapy and psychotherapy. Though he was repelled by some aspects and implications of behavior therapy he was intrigued by the possibility of "making more specific and therefore more teachable the 'art' of psychotherapy." He also saw some potentially fruitful avenues of research, and urged psychotherapists to explore what they were doing in the light of behavioral teaching. "As researchers, our task is only to find out how the world works, and we are free to actively disbelieve any theory."

Application of behavioral research methods to client and therapist behavior in the therapeutic relationship is reported by several writers. Truax and Carkhuff (1965) and others (Peres, 1947; Braaten, 1958; Truax, Tomlinson and

van der Veen, 1961) have consistently found that more successful patients show more self-exploration and self-disclosure during psychotherapy. Other studies (Steel, 1948; Blau, 1953; Seeman, 1949; and Wolfson, 1949) have shown that "exploration of their problems" increases for more successful patients as therapy progresses, while less successful patients tend to explore their problems less as therapy progresses.

In a study of a wide variety of psychoanalytic, client-centered and eclectic approaches to psychotherapy, Truax and Carkhuff (1963) identified three elements of the psychotherapeutic process which appear to cut across the theories of psychotherapy and become common elements. These are "empathy, warmth and genuineness." Their findings are supported by other studies (Mickelson and Stevis, 1971; Truax, and Carkhuff, 1965; Wilson, Hannon and Evans, 1968). Rogers (1958) agreed that "the techniques of the various therapists are relatively unimportant except to the extent that they serve as channels for fulfilling one of the conditions" offered by the therapist which will promote change in the client.

This brief review of counseling psychology has shown some characteristics of the three main streams of counseling theory, namely, psychoanalytic, behavioristic, and client-centered. A trend toward eclecticism with its emphasis upon the therapist offered conditions has been noted. An attempt will now be made to show the relation between counseling theory and the clergy.

Counseling Theory and the Clergy

Over the past several years the training of pastoral counselors has been carried out in hospital settings with varying application of the medical model. Dewolf (1969) suggested that this practice should be reexamined to see if it is really effective in training clergy to work in the parish setting. Longitudinal and in-depth follow-up studies of pastoral counseling in the community setting seems long overdue. Implementation of such studies might be effective in helping to clarify the role of the clergyman as the counselor in the church and the community in which the church is found. Perhaps a brief examination of role psychology literature could cast this problem in perspective.

Role Psychology

Role Psychology literature (Wasson and Strowig, 1965; Wrenn, 1949; Ivey and Robin, 1966; Boy and Pine, 1969; Haettenschwiller, 1969, 1970; Kahn, Wolfe, Quinn, Snoek, and Rosenthal, 1964; Johnson and Fredrickson, 1968; Hunt and Lichtman, 1969; Patterson, 1969; Truax and Carkhuff, 1967; Anderson, 1971; Sarbin, 1954, 1968; Arbuckle, 1968; Miskimins, Wilson, Barry, Oeting, and Cole, 1969; Cameron, 1947; Gough, 1948) defined role as the behavior expected of the occupant of a given position or status. Thus, a person who is in the position of a clergyman is expected to enact the role of a clergyman in regard to what behaviors are appropriate for the occupant of a clergyman's position. This involves expectations (i.e., beliefs, cognitions) held by certain persons in

regard to what behaviors are appropriate for a clergyman, and enactments (i.e., conduct) of a person who is in that position.

The behavior that serves as the dependent, or outcome, variable is seen as role enactment. Variations that have been demonstrated to be antecedent to differences in effectiveness of role enactment are (1) validity of role expectations held by the actor; (2) accuracy of the actor in locating the other(s) and self in the proper role systems; (3) sensitivity to situationally generated role demands; (4) available general and specific skills; (5) congruence of self and role; and (6) reinforcement properties of the audience.

This present study is related to the way the clergyman sees himself as a counselor and his view of the church and community in which he works as well as his view of the counselee with whom he counsels. It seems likely that some relationship will be found between his score for these attitudes and his score for the hostile-tolerant construct, if his perception of his role is congruent with his perception of himself.

Role theory (Sarbin, 1968) addresses itself to continuities in conduct rather than to small samples of outcome behaviors. Social roles are enacted over time. Roles are enacted before audiences which may serve two functions, providing cues helpful to the actor in locating his role and

providing social reinforcements or sanctions.

Anderson (1971) identified role conflict as the clash between different role expectations, which can come from one or more of four sources: (1) between different roles of the same individual; (2) inter-sender, when two or more people of the individual's role set are communicating different expectations; (3) intra-sender, when the same person is sending conflicting expectations or role pressures to the focal individual; (4) person-role conflict, between the requirements of the role and the values, needs or capabilities of the individual.

> In contrast, role ambiguity simply arises from a lack of clear and adequate two-way communication concerning role expectations and is usually due to conditions of rapid change and/or inadequate management practices. Role ambiguity can relate to the tasks the individual is to perform, or it can relate to the feelings of the individual with regard to his standing in the eyes of others. Role conflict and role ambiguity have exactly the same bad effects on the persons involved, but they stem from very different causes and, hence need different solutions (Anderson, 1971, p. 11).

Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964) stated that "role sending is closely related to the power and influence of the role senders." The competence of school counselors (Dunlop, 1968) is traditionally assessed by administrators. Ivey and Robin (1966) identified the determiners of role for the school counselor as "school boards, administrators, teachers, students, and the counselors themselves." In addition other closely related role definers are parents, community pressure groups, and the counseling profession. Some studies (Donnan and Harlan, 1969; Arbuckle,

1968) suggest that at least part of the conflict may stem from personality differences between those who become administrators and those who become counselors. This suggests that clergy who become administrators might also tend to differ in personality and attitude from clergy who serve only as parish pastors.

Role overload is a term used by role psychologists (Kahn et al., 1964) to describe the condition which results when the focal person wishes to respond to all of the tasks urged upon him by the members of his role set, but finds it impossible to comply within the limits of his time and energy. Role overload is experienced "as a conflict of priorities or as a conflict between quality and quantity." This is a problem which nearly all parish pastors (Aden, 1969; Anderson, 1971) experience when they face the task of assigning priorities to their work.

Anderson (1971) cited a 1970 study of the Episcopal Church which pointed out that,

> . . . the parish priest is living and operating in what might be termed a 'multi-directional response setting.' More concretely, this means that the parish priest must be responsive and responsible to many different sources of expectation and need. The Bishop, his peer clergy, and the community in which he lives are all dynamic elements of the 'push-pull' pressures on his time, resources and priorities. Moreover he is practically alone in trying to sort these out. There is no clear-cut responsibility, means of reward, or support systems from which he may find guides in decision-making and in carrying out his day-to-day ministry (Anderson, 1971, p. 11).

Anderson (1971) further suggested that the research of role psychologists (e.g., Kahn and Wolfe, 1964) indicate

that change in the individual focal person without change in his community of work and life simply increases role confusion and conflict. Anderson, further suggested that an essential form of assistance to clergy experiencing confusion and conflict concerning their role is help directed at change within the actual setting of the clergyman's job. He reports some of his own experience.

> I have been engaged full time in the utilization of the applied behavioral sciences methodology of organizational development to the process of change for local congregations. The original intent was to find a means of assisting local congregations in the process of renewal . . . time and again the utilization of an external consultant by the parish has been of particular benefit and support to the pastor.
>
> In short, the clergyman is helped to find 'guides in decision-making and in carrying out his day-to-day ministry' through the facilitation of the consultant working within the context of the pastor's day-to-day ministry with parishioners, professional staff, and denominational superiors (Anderson, 1971, p. 14).

It has been shown that the role of a pastoral counselor may be described as the behavior expected of a clergyman as a counselor. These expectations may come from many sources such as, himself, his congregation, his peers and his superiors. When conflicting expectations come from any of these sources "role conflict" may result. "Role ambiguity" may be said to ensue when adequate two-way communication is lacking concerning role expectations. A conflict of priorities or a conflict between quality and quantity is referred to as "role overload." It has been shown that application of applied behavioral sciences to the day-to-day ministry of a clergyman has proved to be effective in assisting clergy to deal with these kinds of role-related problems. Some of

the role problems which arise may be due to personality differences and these will be explored briefly as they apply to the clergy.

Personality Difference and the Clergy

Studies of ministerial personality differences (Barry and Bordin, 1967; Nauss, 1968) and of attitudes toward the church (Tennison and Snyder, 1968) indicated some support for the Freudian conceptualization of religion although Nauss suggested that there are personality differences between denominations and that personalities differ widely within a single seminary. Pallone and Bauks (1968) indicated that vocational satisfaction among ministerial students is somewhat related to personality differences. Donnan and Harlan (1969) and Arbuckle (1969) showed significant differences between the personality factors of counselors and administrators (principals). This has significance for counseling in that (Haetenschwiller, 1969) administrator attitudes have an effect on determination of the role which a counselor is able to play in certain settings, (Gross, 1968; Berry, Keil, and Robin, 1969; Hart and Prince, 1970).

In this present study, the clergy of three Lutheran Churches in Canada will be compared with respect to the scores they obtain on the Hostile-Tolerant Scale. This will be done in order to determine if they differ with respect to this personality construct. The attitudes which the clergy have toward the church and community and to themselves as counselor as well as the attitude which they have to those

whom they counsel, it is anticipated; will also be related to their score on the Hostile-Tolerant Scale. It is expected that clergy who do not see themselves as counselors will have scores which indicate that they are more hostile than clergy who see themselves as being counselors. It is also expected that those clergy who have become administrators will differ in personality on this dimension from those clergy who serve only as parish pastors.

An effort will also be made to determine whether a relationship exists between the seminary attended and the attitudes presently held by the respondents. In the light of the literature it seems unlikely that such a relationship will be found. It seems more likely that a relationship between the Church to which the respondent belongs and the attitudes which he holds might be established, although there seems little reason to expect that different Lutheran Churches would foster significantly different attitudes to the church and community or to self as counselor or to the counselee.

Attitude Theory and Counseling Psychology

In discussing the measurement of counselor attitudes, Hopke (1955) suggested that great care should be taken in interpreting the results of attitude tests. He maintained that only a thorough analysis of the counselor's use of words, personal mannerisms, and methods of handling client reactions over a considerable period of time could adequately determine the real attitudes that a counselor holds. Thurstone (1929) and Likert (1932) stressed that great care should be taken in

the construction of an attitude scale to make sure that it does actually measure the attitude which is defined Cattell (1957) recognized that attitudes are specific for individuals in specific situations. Cattell maintained that, ". . . the definition of an attitude requires data covering (a) the nature of the course of action, (b) the intensity of the interest in the course of action, and (c) the object involved in the action."

Allport (1935) maintained that "Attitude connotes a neuropsychic state of readiness for mental and physical activity." In referring to task attitude he suggested that it consisted of mental and motor sets. Attitudes were believed to be adequately accounted for as feelings and were spoken of as cortical sets, determing the course of consciousness. Social psychologists also spoke of latent, unconscious attitudes. Allport presented four criteria of an attitude: (1) It must have a definite orientation in the world of objects (or values), and in this respect differ from simple and conditional reflexes. (2) It must not be an altogether automatic and routine type of conduct, but must display some tension even when latent. (3) It varies in intensity, sometimes being predominant, sometimes relatively ineffective. (4) It is rooted in experience, and therefore is not simply a social instinct. "Social attitudes are individual attitudes directed toward social objects. Collective attitudes are individual attitudes so strongly interconditioned by collective contact that they become highly

standardized and uniform within the group . . ."

Allport gave a rather brief history of the development of the psychology of attitude. He showed that after the breakdown of "intellectualistic psychology" attitudes came into fashion with the emergence of the phenomenon of "determinism" in experimental psychology. Allport further reported that the dynamic and unconscious character of attitudes became more fully recognized under the influence of psychoanalytic theory, and that there was a gradual turning of interest to attitudes, "considered as the concrete representations of culture," in sociological writing.

Allport further suggested that, "An attitude is a mental and neural state of readiness, organized through experience, exerting directive or dynamic influence upon the individual's response to all objects and situations with which it is related."

It has been shown that attitude is considered to be an indicator of readiness for mental and physical activity. In this present study the readiness of a clergyman to counsel is considered to be determined by his attitude to the church and community, and by his attitude to himself as a counselor, as well as by his attitude to the person whom he is expected to counsel. The Lutheran clergy in Canada will be studied to determine if their reported attitudes are related to their readiness to assume the role of counselor. It seems evident that the counseling which clergymen practice may be related to their attitude to the psychology of religion.

Psychology of Religion

In a discussion of the psychology of religion, Strunk (1970) pointed out some of the resistance by psychologists to attempts to "treat the religious sentiment intensely and seriously."

> . . . the phrase psychology of religion suggests an objective commitment lost in the term religious psychology which seems to imply a religious stance of the psychologist. It is an interesting but telling artifact that we do not assume an industrial psychologist to be necessarily an industrialist or that a child psychologist is a child, but we are prone to think that a religious psychologist must surely be religious (Strunk, 1970, p. 93).

The suspicion with which psychologists view religion might be reciprocated by suspicion on the part of clergy for psychology. If this is so it will likely be found that many clergy will not favor having the services of a consulting psychologist available to work with pastors and congregations. It also seems likely that clergymen who look with suspicion on psychology will tend to avoid the use of psychological methodologies in their counseling practice. Nevertheless, this present study follows Horne (1968) who suggested that the clergyman, if he is to be a skillful counselor, needs to understand the growth dynamics and problems of personality from the viewpoint of psychology. Moreover, if his counseling is to be congruent with his role as a clergyman it must be biblically and theologically grounded.

Theology and Psychology

In his book, Siirala (1964) pointed out some of the difficulties of defining the relationship between the

theological and the psychological doctrine of man.

> The theological doctrine of man either considers itself absolute and hence has to deny all correspondence between them regardless of all the similarities in the form of thought and expressions, or it names thematically some separate sections where one possibly can agree, leaving the questions of principle unsolved.
>
> . . . it is further stated that psychology is without significance for a theology which considers the message of the church to be independent of the world of human knowledge.
>
> Barth does not at all refer to a psychological doctrine of man nor to the medical doctrine of man which has grown in such close relationship to it; Thurneyson on his part directly and radically dismisses the ability of psychology to understand and interpret the human personality. Psychology must refrain from all metaphysics and limit itself to an acceptance of the established facts of natural sciences which give more information about man; a real knowledge of man can grow from biblical revelation.
>
> It is well for the clergyman to know enough of psychology to be aware of the pattern of his listener's psychic life; he should be able to draw a line between abnormal and normal mental life, and between a "pastoral" problem and a psychiatric case.
>
> A deeper encounter with sickness is now taking place in the daily life of the church, in Christian preaching, and in the establishment of community, there is a great controversy between prevailing theological positions and the actual experience of proclamation and parish life.
>
> . . . various church bodies have made a deliberate attempt to create an organic correspondence between therapy and prophecy. This movement has influenced the training of clergymen, so that seminarians are now given therapeutic experience as a part of their training. Added importance has been ascribed in the theological curriculum to both clinical training and the psychological sciences. In some theological faculties a chair of psychiatry has been established. There is an increase in psychological testing of candidates for the ministry. These are first steps in promoting a dialogue between therapy and prophecy although they still represent a rather small section in the total work of American churches and theological seminaries (Siirala, 1964, p. 136).

The language of the quotation suggests a psychoanalytic orientation but the literature has shown that the predominant view espoused by pastoral counselors over the past five years

is not psychoanalytic. One might, therefore, hypothesize that there would be less acceptance of the psychoanalytic methodology by younger clergy.

Pastoral Counseling

"Such reports as the Joint Commission's Action for Mental Health indicate that people in emotional distress are more likely to seek professional assistance from clergymen than from members of any other professional group," (Crawford, 1967). Crawford further said that:

> The minister's self image--that is, the way he looks at and feels about himself as an individual engaged in a very special work--plays a dynamic role in his ministry of counseling. His self image will often determine the limits of his ability to help those who turn to him in times of stress, strain, and emotional conflict, (Crawford, 1967, p. 49).

This is in keeping with what Miskimins et al. (1969) said about the rule requiring congruence between a man and his job. This present study will attempt to explore the relationship between the clergyman's view of himself and the perception of himself as a counselor.

Ashbrook (1970) cited research by Hiltner and Colston (1961) in which they focused on "the meaning of context" as the significant variable in pastoral counseling. They assumed that the processes involved at the level of interpersonal relations are the same regardless of professional training. The authors contended that the context sharpened the uniqueness or distinctiveness among professional persons. In conclusion, Ashbrook said of the clergyman:

> No other professional person has such access to the

inner world of people and is so accessible to them. The parish setting provides a full range of contacts and resources for "being for others." Nothing needs to be extraneous; everything can be integral. The counseling pastor can move into a relationship without explicit invitation. By sensitive presence he can assist individuals to acknowledge crisis and respond. Since much of life remains muddy despite every attempt at decisive clarity, the pastor finds himself continually linked with tragedy and entanglements. He cannot avoid experiencing unfinished situations. Even so, people can and do grow in their inner lives. They gain in their capacity to shape their worlds and not merely to be shaped by them.

The counseling pastor always sees himself in relationship to the historic reality of the Christian Church. He is first of all a minister of the gospel of reconciliation and secondarily a counselor of troubled people. He cannot divorce himself from the concrete imbeddedness in the local church. So he works with individuals who are always in transition. They can never be completely lifted out of community. Rather, he aids them in finding their way back to true community.

The ultimate purpose and the penultimate means is the reestablishment of vital communication and communion with a human community of faith that transcends all barriers (Ashbrook, 1970, p. 38).

Bruehl (1971) pointed out that the essential nature of evaluation in pastoral counseling is to be found in the decision as to whether formal counseling should be applied in a given situation. The author suggested that such a decision was dependent upon the willingness of the client to accept formal counseling and upon the willingness of the pastoral counselor to offer a counseling relationship. He indicated that intellectual understanding and empathy are not enough if they stop short of answering the questions: "What does this person want?" and, "Can I offer it to him?"

Thoreson's (1969) call for counselors, to shed "complacency and truths in order to doubt, question and examine" all that they do may apply to clergymen who counsel

as well as to other counselors. It seems evident that counselors who wish to remain "fresh" and alive in their work would do well to maintain such an evaluative stance at all times.

The Clergyman as a Community Professional

Involvement of clergy in Community Health programs was reported by Parker (1966) and Hathorne (1969) to be a means of furthering the education of the clergy as well as providing a service to the community. This involvement also had the added benefit of helping the formation of meaningful relationships with other helping professionals. Angers (1966), Bennett (1970) and Glen (1971) reported some of the benefits of such interprofessional cooperation, both for the clients and for the professionals. Eitzen (1971), Oates (1969), Hinand (1971), and Clinebell (1971) reported effective experiments involving use of lay people in the "healing ministry." "The evolution of new practices designed to extend professional mental health services by not limiting the helping professionals to one-to-one relationships has led to the use of consultation with other caretaking persons" (McGehearty, 1968).

While pointing out some of the limitation of Supervised Pastoral Education, Adams (1971) suggested consultation with available specialists, peers, involved laymen, and detached laymen as a viable option.

> Consultation if systematically planned and executed, can utilize the vital insights, knowledge and perspectives of widely diverse people. Effectiveness depends upon the

careful planning and use of these resources by the pastor rather than upon the availability of a trained person who insures that such planning and use takes place. But in taking initiative and accepting responsibility for engineering that interaction, the pastor is more likely to understand the process and learn-how-to-learn clinically. Because more depends on the learner and less upon specially trained persons who are few in number and distant from the parish, consultation lends itself to decentralizing. The minister can improve his competence in the midst of his professional duties, where his learning is in actual situations and requires no transfer of learning. It may take him longer to develop his competence, but more men are free to engage in this kind of growth than can take up residence at some distant point for intense education. And while he grows he is carrying on the work to which he is called (Adams, 1971, p. 163).

The problem in contemporary continuing education is to base it deeply enough to affirm the person of the minister--and then help him develop skills appropriate to the practice of ministry in a time of social and institutional upheaval (Sims, 1971, p. 40).

A detailed analysis of the essential conditions for improving inter-professional relations was given by Mathewson (1955). These essential conditions were: (1) Clear and definite professional functions should be understood by each professional involved in the relationship. This would require an understanding of each other's functions, capabilities and limitations, and acceptance of those functions by each professional involved. (2) Good interpersonal relations implying mutual respect and trust is essential if nobody is to feel threatened. (3) A team spirit should overweigh narrow professional interests. This would imply a willingness to make referrals back and forth in a spirit of professional sharing of the task of giving counseling service to people. Emphasis on human relations rather than on purely administrative or technical features of the work would foster the

team spirit. If each professional is secure in his own discipline and has respect for the other disciplines involved it should be possible to overcome feelings of competition and the desire to control each other which are destructive of the team spirit. (4) A common philosophy, a common conceptual framework and a common language of communication are also considered essential. (5) Skill in human relations and the ability to communicate with each other is often lacking among professionals involved in human relations work. Special attention to this element is required. (6) It is also essential to set aside time for frequent exchange of ideas and create psychological settings which are favorable to professional cooperation, and (8) assure adequacy of training for each discipline.

Berry, Keil, and Robin (1969) reported that with the integration of vocational rehabilitation counselors into the therapeutic milieu it was expected that the counselor would assume an expanded role repertoire. Five possible roles for the integrated counselor were identified, which included, in addition to the traditional functions of placement services and vocational counseling, the roles of consultant to the therapeutic team, subordinate of the team, and integrated member of the team. There was, however, some conflict noted between the counselors and their fellow team members' perceptions of counselor role with psychotic patients. The results indicated that the counselors were somewhat reluctant to assume their newly prescribed roles with psychotics; thus

suggesting that increased emphasis should be placed upon training counselors for this area of responsibility.

All of which makes possible the conjecture that the introduction of a consulting psychologist into the church scene would not be without problems. It would take time for the role to develop and for co-workers to learn to utilize such skills as this psychologist would bring with him.

The literature (Anderson, 1971); Brown, 1971) reveals that there are places where such psychological services are being utilized by the clergy and churches and that they find these services to be beneficial. There may also be places where such services are not available and further study might reveal ways of providing what is needed. An expanding dialogue between educational counselors and clergyman counselors might reveal ways in which they could help each other in the service of people. Learnings which have come out of the experience of counselors in the school setting as well as other educational experiences might be of benefit to the churches. A more accurate understanding of the role which clergymen are expected to fill in the community as counselors might also prove helpful to educators and school counselors.

A summary of hypotheses arising from a study of the literature is presented hereafter. The analysis of the data received from the survey of Canadian Lutheran ministers will be studied to see if it supports the hypotheses.

Hypotheses

Consonant with the foregoing review of the literature, the following hypotheses have been formulated.

1. The literature reveals that psychological services are being utilized by clergy in the United States of America. The question arises "Do Canadian clergy also utilize the services of psychologists? Do they favor having the services of a consulting psychologist available to work with pastors and congregations?"

Hypothesis #1. Lutheran clergy in Canada will be found in favor of having the services of a consulting psychologist available to work with pastors and congregations.

2. The literature is indicative of a trend away from psychoanalytic counseling in recent years. "Do older clergy tend, more than younger clergy, to favor the psychoanalytic model of psychotherapy?"

Hypothesis #2. Older clergy will be found to use or favor the psychoanalytic model of psychotherapy more than younger clergy.

3. The literature is indicative that attitude differences may reflect differences in personality. "Do clergy with low scores on the Hostile-Tolerant Scale also tend to get low scores on the attitude scales?"

Hypothesis #3. (a) Clergy with low scores on the Hostile-Tolerant Scale will be found to also have low scores

on the attitude to church and community scale.

(b) Clergy with low scores on the Hostile-Tolerant Scale will be found to also have low scores on the attitude to self as counselor measure.

(c) Clergy with low scores on the Hostile-Tolerant Scale will be found to also have low scores on the attitude to counselee measure.

4. The literature also suggested that persons with different personalities tend to assume different occupational roles. Specifically school counselors and school administrators were found to differ in personality traits. "Do Lutheran clergy who serve as administrators differ in personality from Lutheran clergy who serve as parish pastors?"

Hypothesis #4. Clergy who serve as administrators will be found to have higher scores on the Hostile-Tolerant Scale than will clergy who serve as parish pastors.

5. The literature contained the suggestion that changes in attitude brought about by attendance at an educational institution do not tend to persist. "Do clergy who graduate from different seminaries tend to differ in attitude?"

Hypothesis #5. Graduates of different seminaries will be found to differ in attitude to self as counselor.

6. The literature also contains the suggestion that vocational choice is often determined by the personality of the individual. It also suggests that attitude is related to personality. "Is it possible that clergy of different

Lutheran Churches will differ in attitude even though their personality similarities may have moved them to choose similar occupations?"

Hypothesis #6. (a) Clergy of the LCA* will be found to differ significantly from the clergy of the ELCC or of the LC-C with respect to attitude to church and community.

(b) Clergy of the LCA will be found to differ significantly from the clergy of the ELCC or of the LC-C with respect to attitude to self as counselor.

(c) Clergy of the LCA will be found to differ significantly from the clergy of the ELCC or of the LC-C with respect to attitude to counselee.

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*LCA = Lutheran Church in America. ELCC = Evangelical Lutheran Church in Canada. LC-C = Lutheran Church-Canada.

Chapter 3

Design and Procedure

A study of the literature on measurement of attitudes (Likert, 1932; Cronbach, 1970; Cattell, 1957; 1957; Hopke, 1955; Dymond, 1949; Thurstone, 1939) led to a decision to develop a questionnaire which would test the applicability of the hypotheses to Lutheran clergy in Canada. Favorable commentary upon the utility of mail surveys and economies such surveys entail in terms of cost and time resulted in a decision to use the mail survey approach. Walsh for example (1967, 1968) reports research indicating that the questionnaire method yields results which are not statistically different in accuracy from self reports obtained by interview.

The sample for the study was obtained by mailing the questionnaire (see Appendix A) to 300 of the 815 Lutheran clergymen in Canada. The sample was selected by a process of stratified random sampling with stratification by church affiliation and province of residence (see Table 1). Twenty-one other clergy gathered in conference also responded to the questionnaire.

The Questionnaire

The five page questionnaire seeks information on 18 variables. Classification variables: (Independent)

Table 1

Showing Stratified Random Sampling

Church	LCA	ELCC	LC-C	Totals
Province of Residence				
North West Territories	0	1	0	1
British Columbia	9	10	16	35
Alberta	14	22	16	52
Saskatchewan	14	21	16	51
Manitoba	15	8	14	37
Ontario	38	9	40	87
New Brunswick	2	1	0	3
Nova Scotia	9	0	1	10
Prince Edward Island	0	0	0	0
Newfoundland	1	0	0	1
Quebec	8	3	2	13
Totals	110	75	115	300

(1) Age

(2) Country of birth

(3) Province of birth

(4) Church and Synod Affiliation

(5) Pre-merger Church Affiliation

(6) Seminary Attended

(7) Year of Graduation

(8) Years of Training

(9) Degrees and Awards held

(10) Work Roles

Dependent Variables:

(11) Attitude toward having a consulting psychologist working with pastors and congregations (yes/No)

(12) Number of different professionals to whom referrals have been made.

(13) Methodologies used or favored.

(14) Hostile-Tolerant personality construct

(15) Total Role score consists of summation of 16, 17, 18.

(16) Attitude to Church and Community

(17) Attitude to Self as Counselor

(18) Attitude to Counselee

Details of the questionnaire approach to each dependent variable are given below.

<u>Attitude to Having a Consulting Psychologist Working With the Church</u>

The question was asked, "Would you be in favor of having the services of a consulting psychologist available

to work with pastors and congregations?" Yes or No?

A very brief explanation was given of the duties of such a consultant. He would be a referral agent for persons in need of counseling. He would give in-service training in counseling for ministers and laymen. He would be an organization development consultant to help work through congregational and interpersonal situations.

Comment was called for.

Number of Different Professionals to Whom Referrals Have Been Made

The questions were asked: "In your ministry do you make a practice of referring people whom you counsel to other helping agencies? Yes or No? To what agencies have you made referrals?" Medical doctors; Psychologists; Psychiatrists; Social Workers; Alcoholics Anonymous; Marriage counselors; Educators; Other Clergy and Others; were listed and the respondents were asked to check those which were applicable.

Methodologies Used or Favored

Three simple descriptions of psychoanalytic, behavioristic and client-centered methodologies were presented and the respondents were asked to indicate which of them they use or favor and to rank them in the order of preference. Space was left for addition of other methodologies used or favored and for comments (See the sample page from the questionnaire on the following page).

The following are some methodologies used by Psychological Counselors in their service to people. Please read the brief descriptions carefully and indicate which of them you USE by putting an X in the space marked USE X . If you are not now involved in counseling but FAVOR one or more of the methodologies described, please put an X in the space or spaces marked FAVOR X .

METHODOLOGY A. Those who use this methodology view the client as a patient who is sick and in need of treatment. Treatment involves a therapeutic relationship between the therapist and his patient. Medication and hospitalization will be used as needed. Life history and past experiences are considered to play a significant role in the conditions which contribute to ill health. The goal is to restore the client to good mental health.

USE___; FAVOR___

METHODOLOGY B. Those who use this methodology view the client as having learned some behavior responses which are not helpful to him. Therapy is essentially a re-learning experience. The client is to learn new ways of responding. He is to learn how to replace harmful responses with helpful responses. The therapist sees himself as a teacher. The goal is to educate the client toward more adaptive response patterns to life.

USE___; FAVOR___

METHODOLOGY C. Those who use this methodology view the client as a person who has become aware of tensions within himself and is seeking help. The client is considered to be potentially capable of dealing with his own problems. Therapy consists of providing a secure counseling climate which enables the client to express himself and his feelings, and to develop a new trust in himself and a willingness to relate and cope with life in the here and now.

USE___; FAVOR___

METHODOLOGY D. (please describe any other methodology which you may use or favor. Use the other side of the page if necessary).

USE___; FAVOR___

_____

_____

_____

_____

PLEASE RANK THE ABOVE METHODOLOGIES by placing the number 1 in the space below which corresponds to the methodology which is most appealing to you. Place the number 2 for the second most appealing methodology and so on, until you have ranked all the methodologies listed.

A_____ B_____ C_____ D_____

_____ Check here if none of the above methodologies are used or favored.

Hostile-Tolerant

The hostile-tolerant variable was adapted from a similar scale in the Taylor-Johnson Temperament Analysis (TJTA) (1967). Twenty questions were set up to measure this construct. The questionnaire and the TJTA were administered to twenty-one clergy gathered in conference. Correlations of the hostile-tolerant scores from both were computed. The obtained Pearson correlation coefficient (r) was 0.79 with the critical r for an N of 21 at the .05 level of confidence being 0.41 (Ferguson, 1971, p. 457). Squaring the r yields 0.62 which indicates that 62% of the variance of the TJTA hostile tolerant score could be predicted from the variance of the questionnaire hostile-tolerant score (Ferguson, 1971, p. 116). The decision was made to use the scale as prepared.

Hostile is here defined as being critical, argumentative. The opposite Tolerant, is defined as being accepting, patient, and humane in attitude (Taylor-Johnson, 1967).

Questions in the hostility section include items which show a tendency to be critical, thoughtless, or overtly inconsiderate in attitude and manner. These attitudes are more specifically measured by items which include the tendency to be superior, overbearing, impatient, sarcastic, argumentative, unreasonable, as well as to be contemptuous of weakness in others, quick to show temper, to "tell others off," and to evidence a hostile reaction to people in general

Tolerance on the other hand, is measured by items which show deep respect for other human beings, freedom from racial and religious prejudice, patient and lenient attitudes, and a disinclination to complain or criticize. Tolerant responses are rated 0. Hostile responses are rated 2.

Neutral responses are rated 1. Low scores thus indicate tolerance and high scores indicate hostility.

Total Role Attitude

The total role attitude is defined as the summation of the attitude to church and community; the attitude to self as counselor and the attitude to the counselee.

Attitude to Church and Community

The score for this attitude was obtained in the following manner. Low scores indicate that the respondent: sees the church as being a major influence in people's lives; serves people outside of the congregation; sees the congregation can use help in serving the counseling needs of its members; receives referrals from other professional counselors; seeks to cooperate with other professional counselors; makes referrals to other counseling professionals; feels the need to consult with others from time to time.

High scores on this scale would indicate that the respondent holds the opposite attitude. For example, he would not see the church as being a major influence in people's lives and would not serve people outside of the congregation. The questions used in measuring this attitude are given below.

Church and Community Questions

(The left hand figure indicates the score for agreement).

0 1 2	1	I see the church as being a major influence in the lives of people today.
0 1 2	5	I counsel many people outside of my congregation.
2 1 0	8	I feel that the congregation adequately serves the counseling needs of its people.

0 1 2 13 I receive referrals from other helping agencies.

0 1 2 16 I seek to cooperate with other helping agencies.

0 1 2 21 I am willing to make referrals to other helping agencies.

2 1 0 23 I serve people only in my congregation rather than the community at large.

0 1 2 33 I feel the need to consult with someone from time to time.

Attitude to Self as Counselor

The score for this attitude is obtained in the following manner: Low scores indicate that the respondent sees himself as a counselor; keeps himself easily available to people; counseling is a part of his work load; his counseling role is to help people--get well, "get right with God," get along with neighbors, accept themselves and change their behavior. He does not give advice but he seeks further training and is equipped to work as a counselor. Moreover, he feels that he has helped people through counseling and that the need for counseling is adequately met.

High scores indicate the opposite positions. e.g., The respondent would not see himself as a counselor. Counseling would thus not be a part of his work load and he would not help people by counseling.

Self as Counselor Questions

(The left hand figure indicates the score for agreement).

2 1 0 3 I do not see myself as a counselor.

0 1 2	7	I keep myself easily available to people.
0 1 2	10	I see counseling as a small part of my work load.
0 1 2	11	My counseling role is to help people get well.
0 1 2	15	My counseling role is to help people get right with God.
0 1 2	18	I am adequately equipped to work as a counselor.
2 1 0	19	My role is to give advice to people who come to me.
0 1 2	26	I have been able to help people through counseling.
0 1 2	28	My counseling role is to help people get right with themselves.
0 1 2	38	My counseling role is to help people get along with their neighbors.
0 1 2	41	I seek additional opportunities for training in counseling.
0 1 2	43	My role as a counselor is to help people learn how to change their behavior.
0 1 2	45	My personal need for counseling is adequately met.
0 1 2	47	I see counseling as a major part of my work load.

Attitude to Counselee

The score for this attitude is obtained in the following manner: Low scores on this scale indicate that the respondent does not see people who seek counsel as more sinful than others. That is, he sees counselees as ordinary people needing help over a difficult time. He does not view counselees as being sick and does not see people as basically bad; nor would he avoid someone who was frequently ill. Moreover, he does not see counselees as needing to be told

what to do.

High scores indicate the opposite positions. That is, he sees the counselees in a negative light and would seek to avoid people who were frequently ill.

Attitude to Counselee Questions

(The left hand figure indicates the score for agreement).

2 1 0	25	I see people who need counseling as more sinful than others.
0 1 2	30	I see people who seek counseling as being ordinary people who need help over a difficult time.
2 1 0	31	I would tend to avoid someone who is frequently ill.
2 1 0	35	I see people who need counseling as being sick and in need of counseling.
2 1 0	36	People are basically bad.
2 1 0	40	My counseling role is to tell people what they should do.

The Response

By January 31, 1972, 151 usable responses had been received from the mail survey. Data from the 21 clergy in conference was added to give a total N for this study of 172. See Table 3 (Appendix G) for a description of the sample used.

A correlation matrix was generated for all the variables under study. Significant correlations were identified (see Table 4, Appendix G). Analysis of variance was performed with the Scheffe comparison of multiple means with specific variables. Other differences were examined via

computation of t-tests (see Table 5, Appendix G).

Table 2

Response to Mail Survey

Church	#mailed	Usable Responses	Percentage Response
LCA	110	60	55%
ELCC	75	41	53%
LC-C	115	50	44%
Total	300	151	50%

Chapter 4

Findings and Conclusions

Study of the data returned by the respondents revealed many things which were of pertinence. Some of the findings were in the direction of the formulated hypotheses, while other findings tended to disprove the hypotheses. Other additional findings of interest came to light and were considered.

It is recognized that the findings of this study are applicable to this particular sample of Lutheran clergy in Canada and to the specific variables as defined for the study. Any generalization to other variables are offered only with caution.

In this chapter no interpretation of the findings is made. The hypotheses are restated, appropriate findings are reported and conclusions are offered based on the findings. Persons interested in more detailed information are directed to the tables in the appendix.

Findings with Respect to Hypotheses

<u>Hypothesis #1</u>

Lutheran clergy in Canada will be in favor of having the services of a consulting psychologist available to work with pastors and congregations.

Of the 172 responses, 149 said, "Yes," 16 said "No,"

and 7 gave no reply to the question, "Would you be in favor of having the services of a consulting Psychologist available to work with pastors and congregations?"

Comments were solicited in connection with this question. 97 favorable; 13 unfavorable; and 3 neutral responses were received. A list of these responses may be found in Appendix B.

Though these comments do not lend themselves to statistical analysis a subjective overview may be of some value. The genre of favorable comment began with simple expressions of wholehearted approval. Reports were received that psychological services are being used where available and that more would be used if available. A third party consultant was considered to be advantageous for congregational improvement and adjustment to modern life. Suggestions that the consultant ought to be sympathetic to the purposes of the church were made. Suggestion was made that he ought to be a clergyman himself.

The genre of unfavorable comment began with rejection on the basis of cost. Some said such services were not needed because sufficient psychological services are now available. Some rejected the idea on the basis of the conviction that the preaching of the Gospel is sufficient and that no psychological services are necessary.

Of the 3 neutral comments; 2 were not sure that such psychological services would fit in with the purpose of the church and 1 expressed the need for more information.

In view of the clearly supporting evidence no statistical manipulation of the data was necessary.

Conclusions

Hypothesis #1 is supported by the evidence. Lutheran clergy in Canada do favor having the services of a consulting Psychologist available to work with pastors and congregations.

Hypothesis #2

Older clergy will use or favor the psychoanalytic model of psychotherapy.

Methodology correlated significantly with Age (.25) and with year graduated (.21). T-tests on upper 27% and lower 27% of Methodology scores indicate that the 2 groups were significantly different with respect to age ($p < .01$). An analysis of variance using the Scheffe multiple comparison of means for those whose first choice was the psychoanalytic model; the behavioral model; or the client-centered model of therapy, indicated that those who used or favored the psychoanalytic model of therapy differed significantly with respect to age, from those who used or favored the behavioral model or the client-centered model of therapy.

The evidence shows that respondents who used or favored the psychoanalytic model were older and graduated earlier than those who used or favored either of the other two methodologies (see Table 6).

34 of the respondents wrote comments regarding their choice of methodology. These comments may be found in

Table 6a

Summary of Findings With Respect to Methodology for Lutheran Clergy in Canada

N is 119	Correlations	T-test Obtained P	Scheffe Test Obtained P Between Group Means A:B	A:C
Age	.25	< .001	< .01	< .02
Year Graduated	.21	< .01	< .01	< .01

A is Psychoanalytic; B is Behavioral; C is Client-centered

Table 6b

Methodology	Mean Age	Year Graduated Mean	Churches LCA	ELCC	LC-C
Psychoanalytic	57	1950	6	7	10
Behavioral	49	1961	25	8	14
Client-centered	50	1960	25	11	15

LCA is Lutheran Church in America;
ELCC is Evangelical Lutheran Church in Canada;
LC-C is Lutheran Church-Canada.

the Appendix. A subjective overview suggests that though the respondents selected a methodology for first choice they tended to apply different models according to circumstances (See Appendix C).

Conclusions

Hypothesis #2 is supported by the evidence. Older clergy do use or favor the psychoanalytic model of psychotherapy.

Hypothesis #3

(a) Clergy with low scores on the Hostile-Tolerant Scale will also have low scores on the Attitude to Church and Community Scale.

There was no significant correlation between Hostile-Tolerant scores and attitude to Church and Community. T-tests on upper 27% and lower 27% of Hostile-Tolerant showed no significance with respect to Attitude to Church and Community. Table 7 depicts the findings.

Conclusions

Hypothesis #3a is not supported by the evidence. Clergy with low scores on the Hostile-Tolerant scale do not have low scores on the Attitude to Church and Community scale. Hostile respondents did not differ significantly from tolerant respondents with respect to Attitude to Church and Community.

Hypothesis #3b Clergy with low scores on Hostile-Tolerant Scale also have low scores on the Attitude to Self as Counselor Scale.

There was a significant correlation between the Hostile-Tolerant and Attitude to Self as Counselor scores, (.27). There was also a significant difference ($p < .001$) between those who scored in the upper 27% and those who scored in the lower 27% on the Hostile-Tolerant Scale with respect to Attitude to Self as Counselor. Table 7 depicts the findings.

Conclusions

Hypothesis 3b is confirmed by the evidence. Clergy with low scores on the Hostile-Tolerant scale also have low scores on Attitude to Self as Counselor. More tolerant clergy tended to have lower scores on Attitude to Self as Counselor, indication that they would be more likely to see themselves as being counselors and helping people by counseling.

Hypothesis #3c Clergy with low scores on the Hostile-Tolerant Scale will also have low scores on the Attitude to Counselee scale.

There was a significant correlation between the Hostile-Tolerant scores and Attitude to Counselee scores, (.36). There was also a significant difference ($p < .01$) between those who scored in the upper 27% and those who scored in the lower 27% on the Hostile-Tolerant scale, with respect

Table 7

Summary of Findings With Respect to Hostile-Tolerant and Attitude to Church and Community; Attitude to Self as Counselor; Attitude to Counselee: For 172 Lutheran Clergy in Canada

Attitude to:	Significant Correlations	T-test Obtained P		Mean	S. Dev.
Church and Community	not significant	> .05	upper 27%	8.00	1.90
			lower 27%	1.54	0.78
Self as Counselor	.27	< .001	upper 27%	10.02	4.70
			lower 27%	7.57	3.19
Counselee	.36	< .01	upper 27%	2.91	2.42
			lower 27%	1.70	1.33
Total Role	.35	< .001	upper 27%	20.93	6.82
			lower 27%	10.80	3.83

Note: Total Role is defined as the summation of the attitudes: to church and community; self as counselor; to counselee.

to Attitude to Counselee. Table 7 depicts the findings.

Conclusions

Hypothesis #3c was confirmed by the evidence. Clergy with low scores on the Hostile-Tolerant scale do have low scores on the Attitude to Counselee Scale. This indicates that more tolerant clergy tended to have lower scores on the Attitude to Counselee Scale, suggesting that they did not see people who seek counsel as more sinful than others; they did see them as ordinary people needing help over a difficult time; they did not see counselees as being sick or basically bad; they would not avoid someone who was frequently ill; and they did not see counselees as needing to be told what to do. This evidence seems to support the hypothesis that attitudes are related to personality traits.

Hypothesis #4

Clergy who serve as Administrators will have higher scores on the Hostile-Tolerant scale than clergy who serve as parish pastors.

Examination of the data revealed that 61 respondents have served both rural and urban congregations; 27 have served only urban congregations; 31 have served only rural congregations; 11 have served as administrators; 17 have served as teachers; 19 have served as chaplains and 6 have served as world missionaries.

All the above sub-groups were compared with respect to age; year graduated; years of training; degrees; consulting psychologist; hostile-tolerant; total role; attitude to church

and community; attitude to self as counselor; and attitude to counselee. No significant differences were found for any of these variables. Table 8 depicts the findings.

Table 8

Summary of Work Roles with Respect to Hostile-Tolerant

Work Roles	Number	Hostile-Tolerant Means	S.Dev.
Urban only	27	4.20	2.23
Rural only	31	3.03	1.89
Administrative	11	4.26	2.69
Teachers	17	3.71	2.49
Chaplains	19	4.95	2.37
World Missionaries	6	3.00	2.53
	111		

No significant differences were found between the group means.

Conclusions

Hypothesis #4 is disproved. Clergy who serve as administrators do not have higher scores on the Hostile-Tolerant scale than clergy who serve as parish pastors.

Hypothesis #5

Graduates of different seminaries will differ in Attitude to Self as Counselor.

Examination of the data revealed that there were no significant correlations between Seminary and Attitude to Self as Counselor. When graduates of different Seminaries were separated into groups a Scheffe test on comparison of

means indicated that no group differed from any other with respect to Attitude to Self as Counselor. Table 9 depicts the computation results.

Table 9

Summary of Seminaries with Respect to Attitude to Self as Counselor

Seminary	Number	Attitude to Self as Counselor Means	S.Dev.
Saskatoon	53	9.68	3.68
Waterloo	25	7.40	3.06
Northwestern	6	8.83	4.36
Chicago	6	9.17	2.71
Augustana	8	11.00	3.67
St. Louis	37	8.54	4.41
Wartburg	5	9.40	2.41
Springfield	12	10.58	3.12
St. Paul	5	10.80	4.21

No significant differences were found between the group means.

Conclusions

Hypothesis #5 is disproved by the evidence. Graduates of different Seminaries do not differ in Attitude to Self as Counselor.

Hypothesis #6a Clergy of the LCA will differ significantly from clergy of the ELCC or the LC-C with respect to Attitude to Church and Cummunity.

When respondents were separated into groups with respect to their Church affiliation, A Scheffe multiple

comparison of means test on their Attitude to Church and Community scores showed that the groups did not differ significantly in this respect. Table 10 contains the relevant data.

Conclusions

Hypothesis #6a is disproved by the evidence. Clergy of the LCA do not differ significantly from clergy of the ELCC or the LC-C with respect to Attitude to Church and Community.

Hypothesis #6b Clergy of the LCA will differ significantly from the clergy of the ELCC or the LC-C with respect to Attitude to Self as Counselor

When respondents were separated into groups according to their Church affiliation, a Scheffe multiple comparison of means test on their Attitude to Self as Counselor indicated that the groups did not differ significantly in this respect. Table 10 reveals this lack of difference.

Conclusions

Hypothesis #6b is disproved by the evidence. Clergy of the LCA do not differ significantly from the clergy of the ELCC or the LC-C with respect to Attitude to Self as Counselor.

Hypothesis #6c Clergy of the LCA will differ significantly from the clergy of the ELCC or the LC-C with respect to Attitude to Counselee.

Table 10

Summary of Evidence Comparing Clergy of Each Church
With Respect to Attitudes

Churches	Number	Attitude to Church & Community Means	Attitude to Church & Community S.Dev.	Attitude to Self as Counselor Means	Attitude to Self as Counselor S.Dev.	Attitude to Counselee Means	Attitude to Counselee S.Dev.
LCA	81	4.64	2.80	8.86	4.12	1.80	1.84
ELCC	40	4.78	2.61	8.98	3.66	2.65	1.83
LC-C	50	4.02	2.52	9.74	3.86	2.76	1.90

Scheffe comparison of means found significant differences between LCA and LC-C ($p < .02$). LCA and ELCC ($p < .07$) with respect to Attitude to Counselee only.

Correlation between Church and Synod and Attitude to Counselee was .22

Examination of the evidence showed that there was a correlation (.22) between Church and Synod and Attitude to Counselee. The Scheffe multiple comparison of means test revealed a significant difference in Attitude to Counselee between the LCA respondents and the LC-C respondents ($p < .02$) and between the LCA respondents and the ELCC respondents ($p < .07$). See Table 10. The LCA respondents had lower scores on Attitude to Counselee than did the ELCC and the LC-C respondents. The ELCC respondents did not differ significantly from the LC-C respondents with respect to Attitude to Counselee.

Conclusions

Hypothesis #6c is supported by the evidence. Clergy of the LCA differ significantly from the clergy of the ELCC and the LC-C with respect to Attitude to Counselee.

One of the questions used in this scale was judged by many respondents to be ambiguous and this may have affected the scores. The evidence does indicate that clergy of the LCA would be less likely to see people who seek counsel as more sinful than others; more likely to see people who seek counsel as ordinary people needing help over a difficult time; less likely to see counselees as being sick; less likely to see people as basically bad; less likely to avoid someone who is frequently ill; and less likely to see counselees as needing to be told what to do. See Table 10.

Additional Findings not Related to Hypotheses

1. Findings with respect to AGE.

The average age of the respondents was 52 years. Canadian born clergy average age was 55 years. For Clergy born in the U.S.A. the average age was 50 years. The youngest respondent was 35 years old. The oldest respondent was 80 years old. Younger clergy have taken more training than have older clergy. Older clergy tended to favor psychoanalytic psychotherapy. Younger clergy tended to have higher scores on Attitude to Church and Community. Average age of respondents by churches LCA 53; ELCC 56; LC-C 47. See Table 6.

Conclusions

The evidence seems to suggest that the age of the clergy is quite high. The LC-C had younger clergy in the sample drawn.

The higher scores of younger respondents on Attitude to Church and Community suggests that younger clergy would not tend to see the church as a major influence in people's lives; they would not tend to serve people outside of the congregation; they would not see the congregation as needing help in serving the counseling needs of its members; they would not receive referrals from other professional counselors; they would not be as likely to seek to cooperate with other professional counselors or be as likely to make referrals to them; nor would they be as likely to feel the

need to consult with others from time to time as would the older clergy.

2. Findings with respect to The Questionnaire.

Several of the respondents made comments about the questionnaire itself. These may be found in the Appendix. A subjective overview of these comments suggests that several questions seemed to be ambiguous. Timing of the mailing seemed to be important to some. The questionnaire failed to ask for the present work role of the respondents. The questionnaire was an effective means of obtaining material for this study.

Conclusions

Further refinement of the questionnaire is in order although it did prove to be effective for the purposes of this study.

3. Findings with respect to Referrals.

Examination of the evidence does not show any correlation between referrals and any other variable.

When respondents from the upper 27% were compared with the lower 27% of Attitude to Self as Counselor with respect to referrals made, it was found that there was significant difference between the two groups ($p < .02$) (See Table 11).

A subjective overview of the comments regarding referrals indicate some mistrust of other helping professionals, although the genre of comments generally expressed

openness to cooperation. The comments may be found in the Appendix.

Conclusions

Respondents who did see themselves as counselors tended to make more referrals.

Table 11

Summary of Evidence Comparing the Upper and Lower 27% of Attitude to Self as Counselor With Respect to Referrals

	Mean	S.Dev.	T	P
Upper 27%	3.61	1.97	-2.60	< .02
Lower 27%	4.74	2.26		

4. Findings with respect to Counseling Role.

Examination of the data revealed that Total Role correlated significantly with the Hostile-Tolerant Score (.35), with Attitude to Church and Community (.72), with Attitude to Self as Counselor (.82) and with Attitude to Counselee (.58).

When respondents who scored in the upper 27% of Total Role were compared with respondents who scored in the lower 27% of Total Role, the groups obtained were found to differ significantly with respect to Hostile-Tolerant ($p < .01$) as well as with respect to Attitude to Church and Community. The same groups differed significantly with respect to Attitude to Self as Counselor ($p < .001$). See evidence

depicted in Table 12.

The results of the Scheffe comparison of means test showed that respondents who used or favored psychoanalytic therapy differed significantly ($p < .03$) with respect to Total Role Scores from those who used or favored behavioral therapy. See Table 12.

A subjective overview of comments made by the respondents with respect to their perception of their role as counselors reveals that many of them saw their role as counselor to be primarily from a theological orientation and with concern for getting people the help which they need. Some saw themselves as applying psychological counseling methods whereas others simply tried to be a friend. Some reported that they did no counseling nor did they make referrals. Those who saw themselves as counselors reported that they did more counseling and tended to make more referrals than those who did not see themselves as counselors. The comments may be found in Appendix D.

Conclusions

The Total Role Scale as defined in this study is a function of the Hostile-Tolerant Construct; Attitude to Church and Community; Attitude to Self as Counselor; and Attitude to Counselee, and may be considered to be an indicator of the respondent's perception of his role as Counselor. That is, high scores indicate that the subject would tend to be hostile, he would tend to have a negative

Table 12

Summary of Findings With Respect to Total Role

	Correlations	Obtained P	Total Role	Means	S.Dev.
Hostile-Tolerant	.35	< .01	upper 27%	11.41	7.05
			lower 27%	7.28	5.12
Attitude to Church and Community	.72	< .001	upper 27%	6.98	2.58
			lower 27%	2.98	1.60
Attitude to Self as Counselor	.82	< .001	upper 27%	13.13	3.49
			lower 27%	7.24	2.04
Attitude to Counselee	.58	< .001	upper 27%	3.67	2.44
			lower 27%	1.50	1.24

Scheffe tests comparing psychoanalytic with behavioral found that they differed with respect to Total Role ($p < .03$). Neither psychoanalytic nor behavioral differed significantly from client-centered with respect to Total Role.

view of the role of the church in the community. He would also tend to see his counseling role and people he counseled from a negative point of view.

Low scores on the Total Role on the other hand would suggest that the subject would tend to be tolerant and to take a positive view of the church in the community. He would also tend to see his counseling role and the people whom he counseled from a positive point of view.

Chapter 5

Discussion and Implications

1. The findings of this study led to the conclusion that Lutheran clergy in Canada do favor having the services of a consulting psychologist available to work with pastors and congregations. It is clear that there is a felt need for this kind of service.

The kinds of services which seem to be desired include: (a) in-service training in counseling; (b) counseling; (c) consultant services to the counseling pastor; and (d) consultation services to congregations.

(a) In-service training in counseling could take at least two forms: First, in-the-parish visitation by the psychologist with discussion of reading and case study. Second, periodic gathering of clergy involved in such training for building peer support; for intensive sharing of experiences; for discussion of theoretical (both psychological and theological) and practical application of learnings.

(b) The counseling aspect of the work of a consulting psychologist could also take two forms: First, actual counseling of referred parishioners by the psychologist. Second, helping clergy to be aware of available specific services and how such services can be of use in the parish. It seems reasonable to assume that limitations of time and distance would preclude any great implementation of actual

counseling of individual parishioners by the psychologist.

(c) As consultant to the counseling pastor the psychologist might have at least three roles: First, the personal development of the clergyman as a person in his family, would require the psychologist to fill the role of a developmental counselor. Where the personal needs of the clergyman or his family were such that other skills were needed the psychologist might assist in finding the most effective help. Secondly, the consultant might serve as a career counselor, and assist the clergyman to explore his strengths and weaknesses and give him guidance in finding the kinds of experiences which would enable him to make effective and fulfilling use of his abilities. Thirdly, the psychologist might serve as a process consultant to the clergyman, assisting him to develop his counseling skills so that he would be better able to serve individual congregation members and their families. In such a role the psychologist might discuss particular cases with the clergyman and assist him in discovering his own resources for dealing with them.

(d) As a process consultant for organizational development, the psychologist would assist the congregation in exploring its own situation and resources. He would help them to set goals for themselves and to find realistic means by which they might achieve those goals. It is important to remember that the consultant would not be making decisions for the congregation. He would simply assist the congregation in a process by which they would be enabled to make their own

decisions on the basis of their own needs and their capabilities for moving toward their goals.

2. The fact that older clergy tend to use or favor the psychoanalytic model of therapy implies that the education of clergy has followed the trends in psychological thinking. At different periods of time different psychological models are popular and people who are being educated when certain models are popular may be expected to adopt those models for their own. As changes occur and new models are being adopted and applied they may not become known to people who have graduated unless they are involved in some program of continuing education. It is therefore suggested that some means of helping clergy to keep in touch with developments in the field of psychology should be developed. The clergyman who is aware of such developments will be in a position to make use of them in the service of people, either by learning to use newly developed methods himself, or by making appropriate referrals.

The psychologist should be chosen carefully with attention being given to his attitude to the Church and its purposes as well as to his competence as a psychologist. The matter of cost may be a problem in getting such a program underway and it might require cooperation between Church bodies in its beginning stages.

Implications are that if such services are needed by one denomination in Canada they may also be needed by other denominations. This is an area for further investigation.

Another implication of the findings is that present psychological services being offered should continue to be supported and utilized. The kinds of services being discussed should be used to supplement the present services. Special emphasis should be placed upon bringing psychological services to places where they are not presently found and assisting clergy to utilize what is available.

Careful implementation of such a program of service would involve research into its effectiveness from the very beginning. Research into areas of need might require flexibility to move and grow as new needs become apparent. Such careful implementation would enable objective assessment of the strengths and weaknesses of the service at any time.

3. In discussing the relationship between personality constructs and attitudes it is important to remember that there are many personality constructs and that this study has only included the hostile-tolerant dimension. Another study might include other personality factors and explore their relationship to the attitudes studied.

There is a suggestion that differences between role perceptions may be due to the fact that persons with different personalities tend to view things differently. This might have some implications for building interpersonal understanding and inter-church relationships. If indeed, the attitudes which people take are due to their personality makeup and not due to some basic teaching of a church, knowledge of this might set them free to consider other points of view.

There are also implications for choice of role. It may be that this aspect of church life should be explored more fully to determine if clergy who are not, by reason of personality, inclined to be counselors, must indeed counsel, or if it would be possible for counseling clergy (or other counseling professionals) to be available on a regular basis in congregations where the pastor is not, by reason of personality, inclined to counsel. This would free the non-counseling pastor to use other skills more freely. This has implications for the restructuring of church life.

4. This study did not find that clergy who serve as administrators differed significantly on the hostile-tolerant scale from those who serve as parish pastors. This implies that this particular personality factor is not one on which parish pastors and administrators differ. It may also mean that some parish pastors are administrators in their own parishes so that there is a mixing of the roles among them. It is also true that church administrators are usually pastors who have been elected to their positions so that there may be no significant differences in personality. Further study on the basis of other personality factors might result in different findings.

One question that may be worth considering is whether the role molds the personality or if the personality seeks the role. Further study of the nature of counseling done by administrative personnel in the church might be helpful. Some of the literature (Hunt and Lichtman, 1969) suggested

that in some settings counseling by superiors tended to be "paternalistic" advice on how to achieve the goals of the organization rather than counseling for the development of the individual and those with whom he works. It is not suggested that the two kinds of counseling are mutually exclusive but rather that there may be need to be concerned with the needs of clergy and congregations and to make provision for the other kind of counseling where it is lacking, either because of the personality of the administrator, or because the administrator is so busy with his administrative duties that he does not have time for personal counseling.

5. The finding that Attitude to Self As Counselor was not related to the Seminary from which the respondent graduated suggests that either the Seminaries are treating education for counseling in somewhat similar ways, or that such attitude is not the product of the school in which the respondent was educated.

6. Clergy of the Lutheran Church in America (LCA) were not found to differ significantly from the clergy of either the Evangelical Lutheran Church in Canada (ELCC) or the Lutheran Church-Canada (LC-C), with respect to their attitude to church and community, or their attitude to self as counselor. This implies that the clergy of these churches hold similar views with respect to the role of the church in the community and the role of the clergy as counselors. It seems important to remember that the same differences in

attitude are found within the churches as are found between the churches.

There was a difference found between respondents of the LCA and respondents of the LC-C and ELCC with respect attitude to counselee. It might be of interest to explore the source of this significant difference in another study. Is the difference due to differences in the teachings of the churches or is it simply a function of the age of the clergy responding? The responding clergy of the LC-C were found to be significantly younger than the responding clergy of either the LCA or the ELCC.

With due regard to the limited nature of this study there is a strong implication that, with respect to the attitudes as defined for this study, the differences between the clergy of the Lutheran Churches in Canada are not very great. Other similarities may exist. It would be of interest to apply this same questionnaire to other denominations and see if significant differences in the variables studied exist among their clergy.

7. Although some weaknesses in the questionnaire became apparent as the study progressed, it did prove to be an effective means of obtaining the information necessary for this study. However, it seems that it should be revised and improved for re-use (see Appendix E for comments). With adaptation it should be possible to apply this same questionnaire to other clergy groups. With refinement it might prove to be of use in testing clergy and seminarians to discover

their orientation to counseling.

8. The fact that those who do see themselves as counselors tend to make more referrals implies that those who do not see themselves as counselors not only do not tend to counsel but they also tend not to help people find help from other professional counselors. This lends support to the earlier suggestion that non-counseling clergy ought to have the s ervices of a counselor available to their congregations. Possibly this service could be provided by other counseling professionals in the community or by sharing the skills of neighboring clergy.

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Appendix A

14511 - 91 Avenue
Edmonton 51, Alberta
November, 1971.

Gentlemen:

At present I am in the Master of Education Program of the Faculty of Graduate Studies and Research at the University of Alberta. I am studying Educational Psychology with a major emphasis on counseling in an effort to obtain new skills for my ministry. My thesis is "Counseling Psychology, Clergy Attitudes and Role."

This letter and questionnaire are being mailed to all Lutheran Clergy in Canada. Will you please complete the questionnaire immediately and return it to me in the stamped, self-addressed envelope enclosed?

In order to preserve confidentiality and to avoid invasion of your privacy I am not asking for your name. This prevents me from knowing who has or has not sent in the questionnaire so there can be no follow-up letter. Please help me now.

I am very open to suggestions and comments that you may wish to share with me. I look forward to your response.

Sincerely,

Paul C. E. Eriksson, B.A., B.D.

Year born_____Country born_____Province born_____

Synodical affiliation _____Pre-Merger Church_____

Seminary from which graduated_____Year_____

Years of training beyond high school _____

Diplomas and Degrees earned or awarded with year_____

_____

Please indicate which of the following describe or have described your ministry by placing a number representing years served in the blank adjacent to the word.

Urban parish pastor____; Rural parish pastor____;Retired____

Administrator____: Teacher____; Military chaplain_____

Institutional Chaplain_____; Seminary Professor_____

World Missionary_____; Graduate Studies_____

Other: (Please specify)_____

_____

Would you be in favor of having the services of a consulting Psychologist available to work with pastors and congregations? Yes____; No____.

He would be a referral agent for persons in need of counseling. He would give in service training in counseling for ministers and laymen. He would be an organization development consultant to help work through organizational and interpersonal situations.

Please comment_____

_____

_____

_____

In your ministry do you make a practice of referring people whom you counsel to other helping agencies? Yes____; No____

To what agencies have you made referrals? Medical doctors_____;

Psychologists____; Psychiatrists____; Social workers_____;

Alcoholics Anonymous____; Marriage Counselors____; Educators__;

Other Clergy____; Others:_____

The following are some methodologies used by Psychological Counselors in their service to people. Please read the brief descriptions carefully and indicate which of them you USE by putting an X in the space marked USE X. If you are now involved in counseling but FAVOR one or more of the methodologies described, please put an X in the space or spaces marked FAVOR _X_.

METHODOLOGY A. Those who use this methodology view the client as a patient who is sick and in need of treatment.

USE___;FAVOR____ Treatment involves a therapeutic relationship between the therapist and his patient. Medication and hospitalization will be used as needed. Life history and past experiences are considered to play a significant role in the conditions which contribute to ill health. The goal is to restore the client to good mental health.

METHODOLOGY B. Those who use this methodology view the client as having learned some behavior responses

USE___;FAVOR____ which are not helpful to him. Therapy is essentially a re-learning experience. The client is to learn new ways of responding. He is learn how to replace harmful responses with helpful responses. The therapist sees himself as a teacher. The goal is to educate the client toward more adaptive response patterns to life.

METHODOLOGY C. Those who use this methodology view the client as a person who has become aware of tensions

USE___;FAVOR____ within himself and is seeking help. The client is considered to be potentially capable of dealing with his own problems. Therapy consists of providing a secure counseling climate which enables the client to express himself and his feelings, and to develop a new trust in himself and a willingness to relate and cope with life in the here and now.

METHODOLOGY D. (please describe any other methodology which you may use or favor. Use the other side of

USE___;FAVOR____ the page if necessary.)_____

_____

_____

_____

PLEASE RANK THE ABOVE METHODOLOGIES by placing the number 1 in the space below which corresponds to the methodology which is most appealing to you. Place the number 2 for the second most appealing methodology and so on, until you have ranked all the methodologies listed.

A_____ B_____ C_____ D_____

__Check here if none of the above methodologies are used or favored.

Please consider each of the statements and indicate your present perception by circling the number that applies. The number 1 represents STRONGLY AGREE and the number 5 represents STRONGLY DISAGREE, and the other numbers represent positions in between.

1.	I see the church as being a major influence in the lives of people today.	1 2 3 4 5
2.	I am quick to forgive a mistake and overlook a discourtesy.	1 2 3 4 5
3.	I do not see myself as a counselor.	1 2 3 4 5
4.	I have a quick temper.	1 2 3 4 5
5.	I counsel many people outside my congregation.	1 2 3 4 5
6.	I am apt to make thoughtless, unfeeling remarks.	1 2 3 4 5
7.	I keep myself easily available to people.	1 2 3 4 5
8.	I feel that the congregation adequately serves the counseling needs of its people.	1 2 3 4 5
9.	I am overly critical of some member of my family.	1 2 3 4 5
10.	I see counseling as a small part of my work load.	1 2 3 4 5
11.	My counseling role is to help people get well.	1 2 3 4 5
12.	I am understanding when someone is late for an appointment.	1 2 3 4 5
13.	I receive referrals from other helping agencies.	1 2 3 4 5
14.	I make such blunt cutting comments that people's feeling are hurt.	1 2 3 4 5
15.	My counseling role is to help people get right with God.	1 2 3 4 5
16.	I seek to cooperate with other helping agencies.	1 2 3 4 5
17.	I feel superior to most other people.	1 2 3 4 5

18.	I am adequately equipped to work as a counselor.	1 2 3 4 5
19.	My role is to give advice to people who come to me.	1 2 3 4 5
20.	I am more likely to make helpful suggestions than to be critical.	1 2 3 4 5
21.	I am willing to make referrals to other agencies.	1 2 3 4 5
22.	People sometimes complain that I am bossy or unreasonable.	1 2 3 4 5
23.	I serve people only in my congregation rather than the community at large.	1 2 3 4 5
24.	I tend to be impatient with someone who is frequently ill.	1 2 3 4 5
25.	I see people who need counseling as more sinful than others.	1 2 3 4 5
26.	I have been able to help people through counseling.	1 2 3 4 5
27.	I am apt to be sarcastic when annoyed with someone.	1 2 3 4 5
28.	My counseling role is to help people get right with themselves.	1 2 3 4 5
29.	I feel contempt for men who seem unable to make a living.	1 2 3 4 5
30.	I see people who seek counseling as being ordinary people who need help over a difficult time.	1 2 3 4 5
31.	I would tend to avoid someone who is frequently ill.	1 2 3 4 5
32.	I am considered lenient and easy-going.	1 2 3 4 5
33.	I feel the need to consult with someone from time to time.	1 2 3 4 5
34.	I tend to dominate those around me.	1 2 3 4 5
35.	I see people who seek counseling as being sick and in need of treatment.	1 2 3 4 5

36.	People are basically bad.	1 2 3 4 5
37.	I am slow to complain when inconvenienced or imposed upon.	1 2 3 4 5
38.	My counseling role is to help people get along with their neighbor.	1 2 3 4 5
39.	I have a deep respect for human beings.	1 2 3 4 5
40.	My counseling role is to tell people what they should do.	1 2 3 4 5
41.	I seek additional opportunities for training in counseling.	1 2 3 4 5
42.	I am inclined to tell people off.	1 2 3 4 5
43.	My role as a counselor is to help people learn how to change their behavior.	1 2 3 4 5
44.	I am inclined to be argumentative.	1 2 3 4 5
45.	My personal need for counseling is adequately met.	1 2 3 4 5
46.	I have no racial or religious prejudice.	1 2 3 4 5
47.	I see counseling as a major part of my work load.	1 2 3 4 5
48.	I maintain that most people are "out for all they can get."	1 2 3 4 5

Your comments and suggestions are invited.

Appendix B

Appendix B

Respondent Comments Relative to Consulting Psychologist Being Available to the Churches

Congregational improvement and adjustment to modern life needs advisor, usually additional to pastor.

Yes, but is this not now professionally available?

Sounds like a good idea to me. (11 were like this)

The kinds of services already in existence which perform similar functions as those above should be encouraged, strengthened, supported. I'm reticent about new agencies.

If he does the counseling will he have time for the other duties?

An experienced man could be useful.

Referral agent, in-service training in counseling.

Good idea. He could also help the pastor in his relationship to total community health and ways the local congregation can make a contribution.

Have never specifically felt the need for such a person, but here in Calgary the Pastoral Institute fulfills this role.

I use the Pastoral Institute's resources all the time.

His availability as a consultant and referral agent would be good. However, church and pastor must stick to the ministry of the gospel and not get lost in psychological ministry.

The person's relation to God must be considered. I would see A in terms of spiritual needs, as well as physical. This pertains to C. as well.

Such a consultant would need to be chosen very carefully, a non-Christian would be of no help.

I believe there is a great need for a co-ordinated form of psychological services - integrated fully into the synodical structure and supported by it - but having freedoms so that it is not bound to the vote of synod itself - rather a board or agency of synod.

This would be great to have. We have something like this - but it is no way connected with or geared to church institution. I refer to Family Counseling Services.

In this area there seems to be sufficient psychological help available.

Great! Sem. counseling in many cases does not prepare us beyond knowledge of what might be done.

Only first half of statement good.

Not too sure whether I'd go along wholly with psychologist. I find it more workable to deal with men in field of Supervised Pastoral Education as well as the Parish Life Development presently at work in LCA.

To my knowledge we have in the church no one who can perform the work referred to above; I do feel we need the counseling service as outlined.

He'd have to be pretty special to work with ministers. He should have good theological training and committed to it.

If he were properly qualified, capable, and not a free lance.

This service seems to be needed increasingly, what with broken families, marriage problems, mental tensions, vocational and employment difficulties, etc.

Difficult in this area with only 2 Lutheran churches in the country. Easier to do in the large density area. (i.e. Detroit - which has this service).

Present structures load most situations for the congregation and against the pastor in the event of conflict.

I feel there is not enough information available to give an answer. The usefulness of such service in certain instances cannot be denied.

The first two most important.

Although a variety of services are available in urban areas, I have always felt that many individuals that provide special services are not Christian oriented - to me this is vital when counseling in the different needs.

Such a person would be helpful especially if he would be a Christian, and hence sympathetic to the church, its leaders, and its problems.

I am in favor of such only in such areas beyond what is possible for Christian Counsel. I realize more and more that pastors do not use the power of God available. It is for this reason we need psychologists.

Such an individual could provide much of value in being a referral agent and providing "in service training" but the "organization development consultant" portion isn't clear to me, therefore I can't comment on this area at all.

Yes - I have had 1 quarter of Clinical and it changed my whole attitude for the good.

A consulting psychologist could best fill my needs by providing in service training in counseling.

I think the first two statements would apply most efficaciously.

Sounds great but who will pay the shot. (4 were like this)

It is important that the church begin working together with other professional groups in the ministry to people.

I see special advantage in having people aware of continuing in service training and a sense of continuing use of counseling. The church needs to rediscover its role as a leader in sensitivity and interpersonal relationships, and needs to capitalize on the expectations in industry, business and education on continuing education both by leaders and people at all levels.

A psychologist is too limited to be of real help.

In the parishes I have been involved with such professional people; a person with the gospel perspective can do much - in teamwork with the pastors by cross referral.

I respond favorably to the concept of consultants for parish pastors. Specifically I would like to see the consultant's function as an educational one, that is through his various services assisting the pastor in the professional and personal learning process.

More and more people have family problems. Many divorces could be avoided if counseling outside of the pastor were available.

It would certainly be well if he is a Christian; he should be available quickly and easily "at work in situation," not part-time consultant.

He should either be able to travel to different cities for appointment or funds available for pastor and wife to travel to him.

Extra help needed to develop counseling skills for parish work. Also need for counseling of pastors re: personal needs.

Too damn much organization right now that's not working. Don't start another one.

This depends on the attitude such a person had toward the Church and people. I have no use for professionals who refuse to work with the common "laity" in helping people.

But I believe he should be from the community resident amongst members - not an "expert" from the head office etc.

I am convinced that one of the problems which is most pressing in our society today is in the area of people relationships. I think many have difficulty getting along with others - (even knowing how to), with themselves and with God.

If the right candidate for the job could be found this would be a useful service to the church.

Real good idea - I was involved in Wandson-Essex Pastoral Institute - once per month - apply social sciences to parish ministry.

15 - 25% of my parishes had as a nucleus people who had been "through" the professional agents. I regard a "back and forth" community referral ministry as much stronger than an absolute working "boxed" arrangement which stereotypes communication and confidence.

A few years ago I would have said "yes", very rarely could I now avail myself of such a resource with members. It would be dependent too on the approach -- pastoral or merely psychological.

We do this now both as referral and in service training.

This would be excellent. Please find the man.

This would be an excellent assistance for me in my ministry.

Now using services of Interfaith Counseling Center, Kitchener. Have completed one course with Interfaith.

I can't quite buy the "referral" function. People get passed around enough as it is. Do people go to him when they need help? Do pastors consult him re problems?

Integration of psychological and theological perspective necessary.

My answer above is conditional. I work with a psychologist who holds a fine Christian viewpoint of the individual. I know others with whom I would not or could not work because of their appreciation of such priorities as soul, guilt, confession, absolution, etc.

Too busy now to sit in classes, such a person would have to do the difficult jobs alone, that is what they are trained for. Reality therapy, this is where you tell it the way it is, point out what is wrong, and how others that are normal in behavior are different.

Experience in Interpersonal relationships. ARDARF - in Ontario.

I am not sure I see that the last sentence fits the first two.

Not sure whether advisable to increase the wheels in the machine, when the need is more power (Holy Spirit).

Extreme care required in the selection of the psychologist. Some are very good, some are almost nuts themselves. Psychology is a relatively new discipline being accepted as a public service only in this century.

We have quite a bit of this emerging. Pastoral Institute in Calgary, Good Samaritan Mental Health Center in Edmonton. Maybe to set this up on another basis would only make more machinery. Too Costly.

Such services are now available in many communities through Government agencies.

A referral agent only. It is the pastor's duty to preach the Word of God not to be God.

I think the referral agent part and the in service training in counseling for ministers would be quite good.

Bureaucratic impersonality.

Tremendous. I hope this will result in something more than talk.

I would view this as very necessary. One of the greatest problems for this service to be effective is the enormous distances in some areas of Canada between pastorates.

He would be consulting psychologist - not a shaper of church or congregational practice.

Not necessary in rural areas.

These people are readily available in most communities already - the Church's resources can be better utilized in other areas.

Meninger Foundation Pastoral Care and Counseling Program is excellent.

Yes if he is most basically Christian.

Not necessary if the true Gospel is preached and sermons are Christocentric.

If the psychologist would and could be all you have mentioned above it would be very good. I don't think a psychologist who shares his knowledge with the pastor on a consultative basis is of much value.

I would prefer to work with one whose basic assumptions are influenced by the New Testament.

Such a person would render an invaluable service in this particular area.

I would prefer that the pastor is trained so that he can activate the frozen healing gifts among the people in the congregation.

He should be a church going Christian. We have 2 in our congregation, who are inactive. They are a detriment to the Church rather than an asset.

Pt. #2 is particularly valid in service training.

It would depend on the man's sensitivity to God's Spirit whether it would be a good thing or not.

I think there is a real need for a psychologist who would be a referral agent for pastors.

Rev. Richard Weekash, who is the area's institutional chaplain has held in service training programs for Toronto pastors to gain skill in clinical counseling, etc. This is valuable.

Need is tremendous.

I could agree conditionally - but not if this represents another church sponsored "specialist". Such resources are available in most communities or can be imported for special purposes and limited time. It is more important to cultivate relations with specialists available in the community, to make them aware of your pastoral concerns and establish a team approach. In that way we will be respected as specialists in our field, rather than when we try to be "Jack of all trades" by running the whole show.

I would need further definition of the agent-trainer consultant. If there were such a fellow I could put him to work.

I think all of these functions would be of great value.

There is a grave danger here and there can also be much good. Eternal life does not depend upon psychology just as education and medicine have not brought it.

Great need for this, problem is in getting pastors to accept his help.

One of the best uses would be to help pastors to understand the needs in this field and the possibilities.

I would like a consulting psychologist to help me to solve problems that persons may have.

In our eastern Canada situation we have such men and programs available in Kitchener-Waterloo. The same should be possible in the West.

He will be a referral agent for counseling and he most certainly is needed for giving training for personnel.

Our problem is that such men are always so far away. But would be a fine resource.

Am doubtful if the cost would be worth it.

Appendix C

Appendix C

Respondents Comments: Relative to Methodologies

The posture of listening intently to a counselee is my first rule; response to his need in terms of the above methods depends upon the nature of the person and problem . I do not want to dwell unnecessarily upon history but move toward action. i.e. I would describe myself as non-directively eclectic counselor. Moving a counselee toward reality solutions.

Some kind of reality therapy, which confronts a man with the necessity of taking a positive action before taking punitive steps.

Different situations or cases, if you will, require different methods - thus priorities differ accordingly.

One or more members of the family in counseling, marital or family problems. Here they listen to each other,correct misunderstandings and hopefully work towards a more wholesome relationship with each other with the counselor as an enabler.

Client is not aware of his innermost feelings. Counseling process is to bring about self awareness through the establishment of a climate of acceptance.

I use a system of therapy which draws on the above methodologies (eclectic methodology) as well as my own life experience. It is also tempered by my theological training and insight.

Eclectic - related to C, but involves finding what other strains a person is under, e.g. his problems may involve malnutrition - he is urged to see a doctor; he may be doing more than his energies can take - he is led to see these in perspective; he is counseled to fit his energies, physical or emotional, to the various tasks he needs to do. He is shown parallels of his own responses on the behavior of other persons or groups of people, and is shown the reasons for their behavior -- then he is allowed to check whether his own problems are parallel or not, to avoid the patterns of others. Use of them would depend on client. C would not be appropriate if A is needed. A would probably not be needed in more than a minority of cases. B. on surface sounds appealing; on further examination, it smacks of hypocritical response learning (Dale Carnegie type) on side of client; of "playing God" on part of counselor.

My counseling has been mostly with students. The method is usually an open discussion with any facet of the problem the student cares to open.

I cannot believe that a true counselor will follow at all times and in every instance - one specific style. Otherwise he will soon have to admit that he should just not handle certain types of patients. Perhaps that too is valid. But I'd hate to give up that easily. Every man begins (and should develop) his own style, based on his training, his counseling experience and the service his own personality qualifies him to perform. But I believe the essence of good counseling methodology is responsible flexibility. If one style does not appear to suit your therapeutic relationship with a patient, and you still believe you can help that patient, there is no particular reason why you should not change your style. I believe all three methodologies are valid, but for the sake of rating, I must of necessity choose the one I believe best fits my understanding of man, illness, and other theological undergirdings of my counseling procedures.

It would be most valuable to read your completed study. This area is one which deserves a great deal of the proper kind of support from individual clergy and the church as a whole.

If we believe as Christians that the Gospel message truly makes men whole, we had better study anew the courses by which the Holy Spirit is helping men to understand illness in our time.

All the methods used at times -- depending on the situation. One must listen to the client first to determine approach.

I'm not sure this consists of an official "methodology" but in some cases I find that all some people need is a good listening ear that is not judgmental so they can unload pent-up emotions and frustrations.

With a few directive questions from the counselor along the way I often discover that persons soon begin to see themselves objectively as a viable and important human being and not just a cog in the wheel caught up in the circumstances beyond their control or desires. As a clergyman I attempt carefully and unobtrusively to lead the person to an understanding of themselves as individuals who God recognizes as such and for whom there is genuine concern and acceptance; may come with either a defeated or rebellious attitude.

I use an eclectic approach - combining several techniques - treating each case individually.

I feel that often times it isn't an either - or approach as suggested above, but a variety or combination of these. But, basically the goal is restoration of confidence through faith in Christ.

I use a rather eclectic approach depending on the person and problem. There is merit in all of the above methodologies, depending on the person and the problem. I also use a "communication" and sensitivity approach at times.

If you need a choice of methodologies A - C I would choose C, but again there are other valid approaches I feel.

I have used and will continue to use all 3 methodologies. I differentiate the methodology from the underlying philosophy as stated, which I disagree in part.

Good luck with the thesis. As you can tell I had a bit of trouble with your items on the goals of counseling, primarily because as expressed in item 15 I see multiple relations involved in counseling. I disagree both with the counselor who adopts a strictly humanistic perspective and those who adopt a strictly "get right with God" perspective.

The flexibility that would permit the counselor, seeing the client as a unique individual and being aware of many methodologies could apply that which is most appropriate.

I use whatever methodology will work in a given situation at a given time with each particular person.

Telling people what I think they ought to do.

I would hesitate to index the ABC as more important. They have value only if they have application to the situation. Each situation can't be defined to fit absolutely into a category. Situation may be a combination of A to D.

Methodology - The methodologies listed may each apply in a specific case but cannot be generalized for all situations.

Methodology today is weak since anyone who has done any reading or has any degree of intelligence recognizes, frequently the methodology and "game over" and on to someone they can COMMUNICATE WITH outside a boxed pre-ordained framework. If this applies to the educated, I have arrived at the conclusion it shall also apply to the uneducated which is why I have discarded "set" methodologies - rather have become unconcerned about a specialized method.

A general rather than specific, orthodox approach is what I use and favor based on communication. Perhaps methods are really individual and personal rather than "laid down". However, methodologies must be recognized as useful tools for the weak counselor or someone who wishes to live within the framework of an 8 hour day or 5 day week or who is required to justify his existence as a counselor on paper. Simply one man's opinion -- who has no bias against professional

counselors, methodology -- who has developed a personal stance -- who will swing to orthodox method again-- if convinced it is more effective.

The best counseling can be given with God's Word, and common sense.

A combination of the three, depending on the circumstances. For example, if the client needs more professional help than I can render, but is unwilling to seek it. I will seek it myself and continue with them but at the same time continue to consult with a professional.

This does not mean that I feel C is the best. This is the type of patient I feel more comfortable with.

Limited use of group therapy.

D closely related to C. The counselor will sometimes offer advice or suggestions for a specific problem, or suggest steps by which the problem may be overcome. Decision left to client. Have used all the 3 methods ABC depends on the problem. A, is for me a referral situation B is useful mainly in child behavioral problems. C is one I use most. D is useful for some depressions, where a lack of will-power is part of the problem, as a beginning step in the process.

I have found myself using all ABC. I express myself (introduce myself) as a person committed to Jesus Christ and who walks a common path with them. In order to understand me they must understand my commitment. If they feel I can be of help, fine. - at times sickness, at times tension, at times habits which are not always the best way of relating - involves change.

A was used in terms of referring patient to ARDARF - I am not qualified to recommend specific medication, but -- I guess I'm saying I use if it I refer people for its use.

As indicated I practice a combination of A&C probably not extensively, but as best I can with limited training. Sometimes, some of B is used too.

I think I use and favor a combination of all three methods.

I have used ABC depending on the circumstances and assessed needs of the client. No preference, client determines methodology.

Although I use C, there are times and circumstances when A or B might be used or a combination of all three.

At times try to be less or non-professional as I seek to become a friend who associates with client.

I find myself using the Freudian, Rogerian, and Behavioral approach in different situations with different clients, I can't say that one approach is favored by myself more than another but each has strengths and weaknesses.

Favor all the above as they would apply in different circumstances. But, I believe a person cannot do that without God's help in rebirth. The Spirit in man must be restored first.

I am in favor of the C - the first part, but would endeavor to enable the client to see his helplessness and God's helpfulness.

All the above pretty well sum up the different ways of dealing with the various problems and so I don't use just one particular method only but all depending on the person. (directive and non directive)

I use method C with the variation that the client may not have the potential within himself. With Christ man has potential for self help.

I mark C in use with reservations as I favor the method and use it but lack skill.

All the above have a place in counseling. It depends on the counselee and his problems as to how we go about helping him. I view the above methods as equals.

All of the above; - plus.

3 and 4 seem to have invalid suppositions. The client is to learn new ways of responding (can he?). The client is considered to be potentially capable of dealing with his own problems.

The question is not clear. What is the condition of the client in question? I had many different kinds, hence I had to use any of these "methodologies". However, most frequently they might fit category C, at any rate, here I believe the pastor can make his most constructive contributions. Other needs should be met preferrably by other specialists or professionals. Hence, referral.

Reality therapy (Glasser) this has appealed to me a great deal.

Methodology A is the old Freudian approach. At the present I am not too keen on past life history and past experiences. As far as the Rogerian feelings - you can go on asking "how do you feel about this" till doomsday - be no closer to the solution than when you started.

I don't use methods ABCD exclusively. In my work they overlap. In my work I can't avoid entering the field of psychiatry, psychology, social work.

All of the above have valuable points, and I would try to combine the 3 methods, and add to that a Christian view of the person and a Christ centered counseling approach where possible.

I think that the methodologies identified are all legitimate in certain instances. I think our pastors need help in bringing the person of Jesus Christ into the lives of people.

I use CAB in that order, though about something in each I have my reservations. The greatest success I've had was in bringing the person into a relationship with Christ. My counseling changed when I became serious in this approach.

See the person in need and help him find a solution to his problem.

It is difficult to answer objectively in some areas as related to actual mental illness, when one is neither equipped to deal with such cases, or rarely comes in contact with such cases. I did the best I could hoping I've helped out somehow.

Appendix D

Appendix D

Respondent Comments: Relating to the Counseling Role

re: I see my role in counseling as: a combination of several things that man is a mixture of good and evil because he is influenced by both God and Satan, yet his own nature is in bondage to evil. This affects him to make him avoid God and somewhat avoid right relations to his fellow men. Counseling ought to be aimed at bringing a right relation to God with the contingent result of right human relations. These involve self acceptance on the basis of realizing God's acceptance and God's power to change the inner man also.

Since I have not been in a parish for nearly 15 years, some questions have little application. My counseling would normally be with pastors regarding their parishes.

? 11, 15, 28, 38, 40, 43 begin: "My counseling role is . . ." My role, as I perceive it, lies somewhere in the midst of these possibilities. I do not attempt to "tell people what to do", but rather endeavor to help people see their own need and arrive at some point of action and decision.

I don't see myself as a psychological counselor but rather as another person with certain skills and resources and a need to be helpful.

In a questionnaire of this type it is hard to be truly objective. One is inclined to generalize. Nevertheless the questions are probing. I feel pastors are too inadequately trained for the multitudinous needs and situations today. But I believe the pastor's major function is not to be a counselor per se. Without leading people to a right relationship with God-faith-hope-confidence-prayer accepting God's grace-repentance-forgiveness-even the best and most proficient counselor can provide only "temporary relief." Sometimes counseling may come first to lead the person to understanding but often counseling is plain encouragement to faith - and unfolding-to people not only themselves - but Christ and healing Gospel. We need to learn of Jesus, who among other great things was also the Counselor. So is the Holy Spirit. Nevertheless I feel that professionally trained people and pastors could and should work as teams. Too long Pastors have spurned professional people and professional people have spurned the "intrusion of pastors".

I'm a pastor not a doctor. My responsibility is to share Christ in a personal way. The problems-goals-life of person or people should medical or psychological help be needed I refer them to the proper doctor or specialized pastor.

The greatest help I found for my life, my marriage, and my work as a pastor is which Campus Crusade for Christ offers. They are able to share how a person (namely me) can be a spiritual Christian and walk daily in the love and Spirit of God. Many professors and pastors were only able to tell me that I was no good, that I was sick, either to "shape up: or ship out. If I was not able to live like a Christian all the time I should try harder. Well only Christ, living in me, is able to live the Christian life. While many pastors are spiritual, they are not always able to share the "how to" with other people. "Thanks be to Christ who has brought us the victory."

Counseling is a vital part of any ministry - lay or clergy.

Have found in some cases client should be seen as not only a person who has lost confidence in himself but as a child of God who has been disturbed in his simple faith in God and needs reassurance. Some think they should have external signs to which to cling rather than a child-like faith.

Each individual case must be treated individually rather than categorized.

A well known theologian stated at a pastoral conference, if preaching is what it should be, people will find answers to their questions and problems and will not need to wear a path to the pastor's study.

I fear the ministry is becoming too professional and I don't like the idea of psychology crowding out the Holy Spirit. I favor a returning to a more simple faith relying more on the Grace of a Loving God. I recognize the need sometimes for the services of a psychologist but such services can be obtained without making it another facet of the program of the church. I have said psychologist above when I meant psychatrist.

During my ministry counseling played a very small part. People came only when they were in some special trouble and wanted a specific solution to a specific problem. I have therefore left the second page blank as I do not feel that I am qualified to give an opinion that would have any value. My answers to the 48 questions is based more on my opinion than on experience although there is some of both.

I answered the above questions with the idea that no one can become permanently healthy unless there is the regeneration of faith. Anyone who thinks otherwise deceives himself and others. Also, I believe we must trust the Holy Spirit to do the healing - not prescribed methodologies! Psychology comes very close to manipulating people through suggestion; also it applies a template that is rigid and does not leave room for individual growth "in the Holy Spirit" John 1:33. Counseling divorced from the Gospel is self-deceptive and can be a grave dis-service to Christianity - first help a man give himself to God then he can help himself.

This questionnaire lacks the basic purpose in counseling - i.e. the need for people to get right with God first. I strongly believe that this is the pastor's primary role, and when this is done, the client will then be able to see his or her inability to depend on himself, or anyone else, and thus place his life in the hand of the Lord. With this experience of a personal confrontation with Christ as his or her Savior when all guilt feelings and complexes will be overcome.

View the client as troubled - sometimes a desire to seek help, sometimes a desire to stay troubled, sometimes a refusal to accept reality. In all cases not having strength or power to cope with the trouble on his own. Need for spiritual power to deal with spiritual world. Intercessory prayer, encouragement, visits, physical help.

God moves by the power of his own spirit to accomplish change. It is not I who am in control. It is I who am a channel, a vessel, neutral. If I let God's Spirit operate there are results. If I hinder him, there are less results. What I am I am by the Grace of God - not because I have myself under control at all times.

It seems the people in rural settings tend to counsel less with a pastor than urban dwellers who are more used to consultations in various areas of their lives. Also urban pastors are in a position to be sought out more for counseling than rural pastors. Rural people tend to be more self sufficient until in real deep trouble, then a medical doctor or psychiatrist is consulted.

Client is a person who has severed relationships with self, spouse, family or others because of gratification goal, or ego-centricism. Goal of counseling -- gave a person resources to see their condition, to see their need for a goal beyond themselves.. . to see that there is more to life than receiving, and to help them express their new awareness in a deeper relationship with God and fellow men.

Many have problems with guilt, many which are deep and difficult to identify. The counselor seeks to share the fact of forgiveness.

I view the Christian clergyman as essentially a spiritual counselor, especially if he has had training in the social sciences, especially counseling and psychology. This should make him an excellent counselor, because, as a friend of mine has pointed out (he is also a clergyman) ultimately all problems are spiritual. Accordingly, I especially favor "methodology D" which involves stressing the clients' relationship to God. It involves the use of Law and Gospel, stressing sin and grace.

There should be awareness of God's will for man. There should be awareness of shortcomings and forgiveness offered. There should be openness so that the client can freely decide what he will do with God's will, his own tensions and life.

Appendix E

Appendix E

Respondents Comments: Relative to the Questionnaire

Questions don't polarize my feelings enough to provide positive or negative responses or maybe I'm just a natural-born liberal.

I find questions 11, 28, 38, 40 all express part of my aims in counseling. I marked all with 2 inasmuch as I see each of them only a part of what is aimed at in counseling.

I see the church as being a strong influence in <u>some</u> people's lives, perhaps 20% of society. (marked 4)

"bad" ambiguous term.

Many of the questions reflect sterotypes. My reaction might be to the sterotype which the question calls up rather than to the situation it describes or does not describe.

Question 1 is ambiguous.

(at least not under counseling circumstances)

(with the understanding of All of life being related to HIM)

(particularly Christian-oriented)

(not in the area of counseling)

(at least not to my face)

(priority leans toward congregation)

(depending on use of the word "ill")

(at least I have been so advised)

(again not under counseling circumstances)

(circumstances would vary, depending upon how much it is "seem unable" as opposed to not wanting to!)

Taking bad to mean "sinful"

(sorry, I have only 24 hours in my day, I can't be working at all phases of my ministry and travelling 100 miles or more spending time on it)

(in a certain area or areas)

I hope that my added remarks with the individual statements have not been confusing nor creating difficulty in tabulating your results. One thing which seems to have been grossly overlooked however is the request for "immediate" response. To say the least, timing was VERY POOR, sending out such a request prior to Christmas, and worst of all almost IMMEDIATELY prior to such a time when pastoral activity is by NO MEANS at a "slack" period.

I realize that the composite of all these answers from across Lutheranism in Canada may give you a median picture but I always hesitate to answer this type of question as there is no room to analyze extenuating circumstances which do apply in so many cases; therefore please note:
5 - I am called upon for counseling and help by others, but who, for whatever reason classify themselves as Lutherans even though not members of my congregation. Some will come to me simply because I am a clergyman but don't want to go to their own for various reasons. Generally a third to a half of my counseling is with such people.

8 - The congregation? Do you mean through its worship and auxiliaries and facilities or in the sense that the congregation provides an available pastor? Your terminology "serves" raises the question. The congregation is a corporate body.

15 - Basically I feel I should have marked this #1, except that in helping people "get right" with themselves, their neighbor or their situation it hopefully leads them also to a right relationship with God. I see my self as God's servant to all people in need even those who do not acknowledge God even as Jesus Christ did not hesitate to help others, even the non-religious, without first attempting to "convert" them to Judaism.

19 - One can hardly help but give advice indirectly as one suggests correctives but I do not wish to be seen as a "know it all" advisor - I feel one must leave it up to the individual to take remedial action once the alternatives and possibilities are pointed out.

22 - I do not feel bossy. I have been told I do not come across this way. In leadership position where one has to make decisions there will always be those who feel they have been circumvented in some areas and may feel "bossed". I'm grateful these are rare in my life but there are some so I could not mark it #5.

28 - This one overlaps #15 and approaches here are not that clear cut. I see counseling as an effort to help a person see themselves objectively and thus better understand why they act and feel as they do. I guess this may be considered "getting right with themselves".

35 - "sick" ? Our culture puts several definitions on this word. Apart from the average norm? - okay.

With this type of simplistic, abbreviated multiple choice, the answers can be misleading. For example #46: My first impulse was to check 1 but I realise that deep-down, I do have some prejudices that are racially or religiously directed. Example 2: "I see. . ." While I may agree that "it should be", because that is what I am trained and prepared to do, however, "in actuality" I see counseling as a very small part of my work.

#1 - can be, but at present, use for only a few.

#11 - Help people get well - improve their own general feeling of well-being.

#15 - Definitely but that must come from them. Their immediate problem or reason for counseling may be connected with their relationship with God. c.f. #25.

#25 - I see all problems as the result of sin -- having sinned, or having been sinned against, but I never bring that into the situation.

#36 - All are sinners. Some try harder to lead Christian lives.

#45 - My need - to be a counselor
- to make use of a counselor, receive counseling.

#46 - Racial none. Religious yes, especially Jehovah's Witnesses. I tend to avoid religious topics with people or friends who hold a faith against which I feel some prejudice.

Re #36 - I accept concept of original sin. But I don't think that justifies calling men "bad". We use bad to mean "malicious-mean" in our daily talk. I believe that men are more caught up in sin than sinners, that they are more caught up in badness - than mean or malicious.

I felt that many of your questions were ambiguous to the point that one can hardly be honest in answering. Maybe the ambiguity comes from too many generalities which makes anything hard to answer. My answers are definitely from this viewpoint. If you had been more specific the answers could have reversed.

The 48 questions in the last part of the questionnaire are full of ambiguity. Many can be interpreted in various ways. Others don't really fit my situation. I suspect it is a rather weak measure of my attitude and role as a clergyman.

#47 - I think counseling should have a large part on every pastor's work schedule. However, as a rural pastor there is little call for it. There is a great need of it, as everywhere else yet most rural people have the idea they can work out their own problems - by themselves.

#10 - I am marking this one "as it is". Counseling makes up a very small part of my work load here in a rural parish.

#45 - Do you mean my need to help people through counseling is met? Or do you mean I have someone I can talk to when I feel like it?

#41 - I would certainly welcome more training opportunities in Canada; also in local areas. Most opportunities for further training involve spending a year or two in the U.S.A.

I am not now serving as a parish pastor, although I do have some opportunity to function in that capacity.

I think you should have included a space to determine what roles the many clergy in Canada are filling now as they answer your questionnaire.

#10 and #47 Give me trouble: 10 is what actually happens - time of counseling is short. #47 is what I believe the situation should be.

#11 is the target of my counseling. #15 getting right with God, is the desired result, through my approach would not necessarily be direct.

For #46 I am not aware of any particular prejudice but I am of the opinion that prejudice is more subtle than we realize.

I did not answer #20 because of what I feel your interpretation of critical is. Critical - can be positive and necessary - constructive it is not always negative.

Your questions have a psychological base but little or no theological base. As a Christian, I know psychology will not save the world, although much insight and help can be gained by study of it. A question like "all people are bad" is stupid. There would be something amiss in one's life if one felt all people were bad (paranoid). Yet as a theologian, and as a person, I realize we all sin -- fall short of the glory of God - are bad if that is word you wish to use.

You would be hard put to find a better psychologist or theologian combined than Jesus. He should be our Example, alive-dynamic-no patterns - ready to deal with each client as he or she came, to give even one's life for the other.

Appendix F

Appendix F

Respondents Comments: Relative to Referrals

All referrals have been faculty action and I have been personally involved in the referral only once -- to a psychiatrist.

Referrals - if felt necessary or of value, considering also their willingness.

There are no others for all practical purposes. (referrals)

Lawyers. (referrals)

Banking and financial advisors.

I also make it a practice to use other professionals on a consultative basis.

I refer also to people who have experiences similar extremities of life who have a positive testimony and are willing to share where they have "come from".

When people are sick, they will go to see a doctor. When they have a moral or spiritual problem, they usually see a pastor.

In many cases I referred, but the referral wasn't completed. In such cases I kept them on and played a supportive role if possible.

This is a difficult field to assess adequately. Each person is an individual and yet must be seen in the context of God-man and man-man relationships. I confess some mistrust of secular agencies which do not hold principles of the Christian faith. I also fear that too much "playing of God" is going on.

Make no referrals.

If I were in a parish now I would refer people to any agent or agency capable of helping.

Appendix G

Table 3

Description of Sample Used

AGE: ranged from 35 to 80 years with a mean of 52.

COUNTRY BORN: Canada 87; Denmark 3; England 2; Estonia 1; Guyana 1; Latvia 1; Norway 2; Poland 3; U.S.A. 60; Finland 1; Germany 8.

PROVINCE BORN: British Columbia 1; Alberta 19; Saskatchewan 23; Manitoba 4; Ontario 19; Quebec 2; Nova Scotia 4.

CHURCH AND SYNOD: (Synod - Eastern 37; Central 13; Western 30) LCA 81; ELCC 41; LC-C 50.

PRE-MERGER CHURCH: Augustana 26; AELC 2; UELC 4; ELC 16; ALC 14; Mo. 58; Norway 3; ULCA 47; Suomi 1; Hauge 1.

SEMINARY: Saskatoon 53; Waterloo 25; Northwestern 6; Chicago 6; Augustana 8; Pacific 3; St. Louis 37; Wartburg 5; Springfield 12; St. Paul 5; Philadelphia 4; Trinity 1; Helsinki 1; Warsaw 1.

YEAR GRADUATED: Earliest 1912, latest 1971; mean 1956; standard deviation 12 years.

YEARS TRAINING: Range 4 to 11 years beyond high school. Mean 7 years.

DEGREES AND AWARDS HELD: No degrees 17; diploma only 9; B.A. only 25; B.A., B.D. (or M. Div) 97; B.A., B.D., and M.A. or M.S. 12; B.A., B.D. and Th. M. 5; B.A., B.D. Th. M. and Th. D. 5; B.A., B.D., Th. M. and Ph.D. 1; B.A., B.D., and D.D. 2.

WORK ROLE: Urban pastor 125; Rural pastor 130; (of these 27 only urban, 31 only rural); Administrators 11; Teachers 17; Chaplain 19; World Missionaries 6.

CONSULTING PSYCHOLOGIST: Yes 149; No 16; no reply 7.

REFERRALS: Range was from 0 to 11. Mean 4.

METHODOLOGY: First choice - Psychoanalytic 24; Behavioristic 47; Client centered 64; Other 9.

(Table 3 continued)

HOSTILE-TOLERANT: Mean 8.72; Standard Deviation 6.08.

TOTAL ROLE: Mean 15.95; Standard Deviation 6.30.

ATTITUDE TO CHURCH AND COMMUNITY: Mean 4.51; Standard Deviation 2.68.

ATTITUDE TO SELF AS COUNSELOR: Mean 9.13; Standard Deviation 3.87.

ATTITUDE TO COUNSELEE: Mean 2.29; Standard Deviation 1.90.

NUMBER IN SAMPLE: 172.

Table 4

Showing Significant Correlation Between 18 Variables

(Only those correlation Coefficients which reveal a significant degree of relationship between two variables are included).

N is 172. Critical r is 0.195

		1 Age	2 Country born	3 Province born	4 Ch. & Synod	5 Pre-Merger Church	6 Seminary	7 Year Graduated	8 Years training	9 Degrees	10 Work Role	11 Consultant	12 Referrals made	13 Methodology	14 Hostile-Tolerant	15 Total role	16 Att. to Church&Comm.	17 Att. toSelf as Couns	18 Att. to Counselee
1	Age		.23					.68	.31					.25					
2	Country born			-.72			.38												
3	Province born				-.23	.26													
4	Ch. & Synod					-.27	.38												.22
5	Pre-Merger Church																	.22	
6	Seminary								.21										
7	Year Graduated								.23			-.23		.21					
8	Years of training									.52									
9	Degrees										.20								

(Table 4 Continued)

		1 Age	2 Country born	3 Province born	4 Church & Synod	5 Pre-Merger Church	6 Seminary	7 Year Graduated	8 Years training	9 Degrees	10 Work Role	11 Consultant	12 Referrals Made	13 Methodology	14 Hostile-Tolerant	15 Total Role	16 Att. to Church & Comm	17 Att. to Self as Couns	18 Att. to Counselee
10	Work Role																		
11	Consulting Psychologist																		
12	Referrals made																		
13	Methodology Used or Favored																		
14	Hostile-Tolerant														.35		.27	.36	
15	Total Role															.72	.82	.58	
16	Attitude to Church and Community																	.32	.31
17	Attitude to Self as Counselor																		.23
18	Attitude to Counselee																		

Table 5

Probability Matrix from T-Tests

INDEPENDENT VARIABLES (used in forming groups for comparison)	DEPENDENT VARIABLES (examined to determine effect of variation of independent variables) Only probabilities less than .05 are shown							
	Age	Year Graduated	Referrals	Hostile-Tolerant	Total Role	Attitude to Church & Community	Attitude to Self As Counselor	Attitude to Counselee
Methodology	<.001	<.01						
Hostile-Tolerant					<.001		<.001	<.01
Total Role				<.01		<.001	<.001	<.001
Attitude to Church and Community	<.05				<.001		<.01	<.01
Attitude to Self as Counselor			<.05	<.01		<.001		<.05
Attitude to Counselee					<.05	<.05		

Showing significant probabilities obtained by t-test on selected variables. In order to determine if respondents who had high scores for certain variables (Methodology; Hostile-Tolerant; Total Role; Attitude to Church and Community; Attitude to Self as Counselor; and Attitude to Counselee) differed significantly from those who had low scores for the same variables, I separated out those who were in the upper 27% and the lower 27% of the same variables and compared the scores of the two groups obtained for selected variables (Age; Year Graduated; Referrals; Hostile-Tolerant; Total Role; Attitude to Church and Community; Attitude to Self as Counselor; Attitude to Counselee). When chances of finding differences, by random sampling, as great as those found are less than 5 in 100 (.05) the differences are considered to be significant statistically. This table shows only the significant probabilities.

Table 13

Summary of Findings by Analysis of Variance

	Source of Variation	SS	MS	DF	F	P
Methodologies re: age	Groups	0.46	22.78	2	5.44	0.005
	Error	0.55	4.19	132		
Methodologies re: year graduated	Groups	0.91	45.26	2	6.33	0.002
	Error	0.90	6.83	132		
Work roles re: hostile-tolerant	Groups	0.54	10.84	5	2.10	0.07
	Error	0.54	5.15	104		
Seminaries re: church and community	Groups	0.13	16.09	8	2.34	0.02
	Error	0.10	6.89	148		
Seminaries re: self as counselor	Groups	0.17	21.46	8	1.55	0.15
	Error	0.21	13.87	148		
Seminaries re: counselee	Groups	0.60	7.47	8	2.65	0.01
	Error	0.42	2.82	148		
Churches re: hostile-tolerant	Groups	0.59	29.67	2	0.80	0.45
	Error	0.63	37.23	168		
Churches re: church and community	Groups	0.17	8.24	2	1.15	0.32
	Error	0.12	7.17	168		
Churches re: self as counselor	Groups	0.25	12.62	2	0.84	0.43
	Error	0.25	15.01	168		
Churches re: counselee	Groups	0.36	17.73	2	5.13	0.007
	Error	0.58	3.46	168		